US Army Corps of Engineers

Construction Bulletin

No. 96-3 Issuing Office: CEMP-CP Issue Date: 2/15/96 Exp. Date: 31 DEC 98

CEMP-C

Subject: Small Business Programs

Applicability: INFORMATION

1. REFERENCE: Federal Acquisition Circular (FAC) 90-32 dated 18 September 1995.

2. PURPOSE. This Construction Bulletin (CB) outlines the recent changes to the Small Business Programs with which construction field personnel should be familiar.

3. a. Changes issued by referenced publication revised the Small Business Programs to provide Women-Owned Small Businesses (WOSB) with the maximum opportunity to participate in contracts let by Federal agencies. For example, FAR clauses 52.219-8 and 52.219-9 now have been titled "Utilization of Small, Small Disadvantaged and Women-Owned Small Business Concerns" and "Small, Small Disadvantaged and Women-Owned Small Business Subcontracting Plan" respectively. The subcontracting plan has been revised to include goals for total dollars planned to be subcontracted to WOSB concerns.

b. Standard Form (SF) 294 "Subcontracting Report for Individual Contracts" and SF 295 "Summary Subcontract Report" have been completely revised. The changes to the SF 294: (1) add WOSB subcontract awards data; (2) require reporting of only cumulative dollars from the beginning of the contract; (3) require the signature of the individual administering the subcontracting plan only; and (4) instruct contractors to send copies of SF 294s to the Defense Logistics Agency (DLA) (only when DLA is administering the contract). The changes to SF 295: (1) extend contractor reporting of all subcontracts for all contracts with USACE from quarterly to semiannually; (2) eliminate the requirement for reporting the dollars for the same period last year; (3) eliminate reporting of subcontract goal achievement; and (4) instruct contractors to send a copy of the SF 295 to the Small Business Administration. The revised SF 295 gives no instructions for reporting of subcontracts at lower tiers (except for sending the reports to the cognizant contract administration office as stated in the contract).

Prepared in accordance with AR 25-30 by HQUSACE Directorate of Military Programs, 20 Mass. Ave., N.W., Washington, DC 20314-1000

4. The effective date for the use of the new forms was 1 October 1995. The end of the first reporting period (using the new forms) is 31 March 1996 with reports due 30 days after the end of the reporting period. CB No. 96-4, dated 2/15/96 describes the procedures that should be followed, reporting requirements (including reporting procedures for lower tier subcontracts) and responsibilities of the ACOs.

5. This CB has been coordinated with the following HQUSACE organizations: Office of the Chief Counsel (CECC-C); Office of the Principal Assistant Responsible for Contracting (CEPR-P); Office of the Small and Small Disadvantaged Business Utilization (CEDB); and Operations, Construction and Readiness Division (CECW-O).

CHARLES R. SCHROER
Chief, Construction Division

US Army Corps of Engineers

Construction Bulletin

No. 96-4 Issuing Office: CEMP-CP Issue Date: 2/15/96 Exp. Date: 31 DEC 98

CEMP-C

Subject: Small, Small Disadvantaged and Women-Owned Small Business Subcontracting Plan

Applicability: GUIDANCE

1. **REFERENCE:** Construction Bulletin (CB) No. 96-3 dated 2/15/96, subject: Small Business Programs.

2. **PURPOSE.** This CB is a reissue of CB No. 93-19 dated 26 August 1993, subject: Administration of the Small Business and Small Disadvantaged Business Subcontracting Plan. It also incorporates all the revisions which were summarized in referenced CB.

3. When a construction contract exceeding $1 million is to be awarded to a large business, the successful offerer is required to submit a subcontracting plan prior to award. The plan is to be reviewed by the Small and Disadvantaged Business Utilization Specialist (SADBUS), and approved by the Contracting Officer. The elements of the subcontracting plan include goals for subcontract awards to small, small disadvantaged, and women-owned small business (SB, SDB & WOSB) concerns(*), certain reporting requirements, flow down provisions for subcontracting, and other responsibilities which the contractor agrees to carry out. The approved subcontracting plan is incorporated into and made a material part of the contract. The subcontracting program flow down requirements apply to construction subcontracts exceeding $1 million awarded to large businesses.

4. a. Reporting Requirements. The SF 294 "Subcontracting Report for Individual Contracts" is submitted by the contractor to the Administrative Contracting Officer (ACO) or his representative twice a year. This form is the primary tool for monitoring contractor's compliance with the subcontracting plan. The SF 294 is due 30 days following the end of the reporting periods (31 March and 30 September). The SF 295 "Summary Subcontract Report" contains information for all contracts that the contractor has with the U.S. Army Corps of Engineers. The SF 295 is submitted by the

(*) FAR Part 19--Small Business Programs, provides definition of these terms

contractor to the cognizant contract administration office on a semiannual basis. This report is due 30 days following the end of the reporting periods (31 March and 30 September). Dollars awarded by the contractor/subcontractor (large business) to SB, SDB and WOSB are reported on SF 294 and 295 during a specific reporting period. Percentages of awards to SB, SDB, and WOSB reported on the forms are based on total subcontracted amount (large and small businesses) for the life of the contract (SF 294) and current fiscal year (SF 295).

b. Liquidated Damages (LDs) - Subcontracting Plan. When a contract includes the requirement for a subcontracting plan, the Federal Acquisition Regulation (FAR) requires that the FAR clause 52.219-16 "Liquidated Damages-Subcontracting Plan" be incorporated in the contract. The Liquidated Damages (LDs) are to be assessed when the contractor fails to make a good faith effort to comply with the subcontracting plan. The amount of damages attributable to the contractor's failure to comply is equal to the actual dollar amount by which the contractor failed to achieve each subcontract goal.

5. RESPONSIBILITIES OF THE ADMINISTRATIVE CONTRACTING OFFICER (ACO).

a. The major responsibility of ACOs in administering contracts is to assure contractors' compliance with all contract requirements. This includes enforcing all contract requirements concerning SB, SDB, and WOSB utilization and recommending to the respective Contracting Officer the assessment of LDs when warranted.

b. When a contract includes provisions for a subcontracting plan, the responsible ACO must discuss with the contractor at the preconstruction conference the details of the plan and document these discussions in the preconstruction conference minutes. The district SADBUS shall be invited to the preconstruction conference to advise on subcontracting requirements and on SB, SDB, and WOSB opportunities. The ACO shall ensure that the individual identified by the contractor as the administrator of the subcontracting plan is also in attendance at the preconstruction conference. The SADBUS or the ACO shall provide the contractor with blank copies of the new SF 294 and SF 295, a schedule of reporting dates and the appropriate distribution of the required reports. The original completed SF 294 and a copy of the completed SF 295 for each reporting period (completed by the prime contractor) shall be provided to the ACO. The ACO will forward the original SF 294 and a copy of the SF 295 which are submitted by the prime contractor to the SADBUS. Contractors are not required to submit copies of the SF 294 report to the Defense Logistics Agency (DLA) unless DLA is administering the contract. First tier subcontractors submit original SF 294 to the prime contractor. The prime contractor maintains the SF 294 for his records and compliance reviews. First and lower tier subcontractors submit SF 295s to the prime contractor who in turn submit them to the ACO. The ACO will forward the SF 295 reports to the district SADBU office for processing. Other issues to be covered include: what constitutes a "good faith effort", assessment of LDs, and procedures to be followed in the implementation of the plan.

c. The ACO will perform a review of the prime contractor SF 294 reports before they are submitted to the SADBUS. The ACO must assure that all subcontract awards made by the prime contractor to SB, SDB, and WOSB during any reporting period are reported on the SF 294. ACOs must work closely with the SADBUS to assure proper administration of the overall reporting process.

d. ACOs shall continuously monitor contractors' compliance with the subcontracting plan throughout contract performance. This is to include timely submittal of the required reports. Information reported on SF 294 may be an indication of how well the contractor is performing and can be used to determine if there is a need for improvement. Some tools which can be utilized during contract performance by the ACO to enforce compliance include withholding retainage and issuing interim unsatisfactory ratings. A telephone call from the Contracting Officer to the CEO of a company may be necessary to correct persistent problems in reporting or when there is evidence of the lack of a good faith effort on the contractor's part to meet the goals.

e. The ACO shall review all contract modifications over $10,000 to validate subcontracting possibilities and enhance opportunities for SB, SDB, and WOSB, revise the subcontracting plan as required and reflect this revision on the SF 30, or recommend a separate acquisition for the added work when appropriate. The ACO shall coordinate this effort with the SADBUS and document the contract file.

f. The FAR states that failure to meet the goals in itself does not constitute a failure to make a good faith effort. In accordance with the FAR the following may be considered indications of failure to make a good faith effort and should be considered in the context of the contractor's total effort: failure to attempt to identify, contact, solicit, or consider for contract award SB, SDB, and WOSB concerns; failure to designate a company official to administer the subcontracting program; failure to maintain records or otherwise demonstrate procedures adopted to comply with the plan; and the adoption of company policies or procedures which have as their objectives the frustration of the objectives of the plan. Failure to submit the reports may also be an indication of lack of a good faith effort.

g. The ACO shall maintain documentation of the contractor's efforts to comply with the subcontracting plan. Upon completion of the contract, the ACO shall ensure that a final SF 294 report is submitted and provided to the SADBUS for review and evaluation. Upon review of the final SF 294, the ACO shall, in conjunction with the SADBUS, make a final determination on whether the contractor made a good faith effort. If it is determined that the contractor did not comply in good faith, the ACO shall make appropriate recommendations to the Contracting Officer to assess liquidated damages. In addition, the ACO shall consider the contractor's performance in meeting the subcontracting goal when evaluating the contractor's effectiveness of management on the SF 1420, Performance Evaluation - Construction Contracts, and coordinate this effort with the SADBUS.

6. Dollar amounts to be reported on SF 294 and SF 295 are subcontract award amounts and not disbursements. Should you have any current contracts for which the contractors are reporting disbursements, it is not necessary to change since this would be disruptive to the reporting process. However, it is reiterated that for new contracts, ACOs must ensure that contractors are reporting award amounts, not disbursements.

7. The responsibilities of the ACO in administering the subcontracting plan are defined in FAR Subparts 42.3 and 19.7 and are in line with the above described duties. For your information, the U.S. Army Engineering and Support Center, Huntsville offers a course entitled "Small and Disadvantaged Business Utilization" which is available for contract administrators. I request that you follow the instructions contained in this CB and work very closely with your district SADBUS and the Contracting Officer on issues related to this subject.

8. This CB has been coordinated with the following HQUSACE organizations: Office of Small and Small Disadvantaged Business Utilization (CEDB); Office of the Chief Counsel (CECC-C); Office of the Principal Assistant Responsible for Contracting (CEPR-P); and Operations, Construction and Readiness Division (CECW-O).

CHARLES R. SCHROER
Chief, Construction Division

Contractor Payment Request Checklist

Contract No. _____

Project _____

Contractor _____

Payment Request No. _____

Item	Included
Proper invoice	
SAW 610 Form	
Copy of letter to subcontractors regarding withoiding (if applicable)	
Documentation to substantiate payment quantities	
Updated Progress Schedule	
Updated Submittal Register (if schedule has changed from previous submission)	

	YES	NO
CQC Reports are current		
Payroll Reports (Prime and Subcontractors) are current		
Manhour Exposure Reports (Prime and Subcontractors) are current. SAW648		

US Army Corps of Engineers

Construction Bulletin

No. 94-17 Issuing Office: CEMP-CP Issue Date: 8/9/94 Exp. Date: 31 DEC 96

CEMP-C

Subject: Construction Contractor Performance Evaluations

Applicability: GUIDANCE

1. The purpose of this Construction Bulletin is to provide the MSC's and all Districts the revised matrix that will be used for Contractor Performance Evaluations. The approval of a new form for Contractor Performance Evaluations, DD Form 2626, has been received and will be implemented in the near future. This new form will replace the Standard Form 1420. The new form will contain five rating categories instead of the previous three performance categories. The new form will also contain a matrix that will be used for evaluation of the five performance elements which will form the basis of the overall performance rating (interim or final) of the construction contractor. This bulletin is not intended to take precedence over ER 415-1-17, CONTRACTOR PERFORMANCE EVALUATIONS; however, it does provide new information concerning the use of the DD Form 2626.

2. Printed in full on the back-side of this page is the subject matrix. It is intended to aid the evaluating official in arriving at his/her rating for each of the five performance elements (quality control, effectiveness of management, timely performance, compliance with labor standards, and compliance with safety standards.)

3. The official form used for evaluating the performance of construction contractors is still the SF 1420 until the DFARS is revised to implement the use of the DD Form 2626. This is expected to be completed by early fall 94. Until the DFARS is changed the SF 1420 will be maintained as the rating in the contract file. An electronic version of the SF 1420 must also be submitted and maintained for a period of six years in the Construction Contractor Appraisal Support System (CCASS). The matrix enclosed should be used as a working document to be kept with the SF 1420 in the official contract file until the new form is issued. It is not to be entered electronically into the CCASS file.

Prepared in accordance with AR 25-30 by HQUSACE Directorate of Military Programs, 20 Mass. Ave NW, Washington D.C. 20314-1000

PERFORMANCE EVALUATION (CONSTRUCTION)

1. CONTRACT NUMBER

2. CEC NUMBER

IMPORTANT: Be sure to complete Part III - Evaluation of Performance Elements on reverse.

PART I - GENERAL CONTRACT DATA

3. TYPE OF EVALUATION *(X one)*
☐ INTERIM *(List percentage _____ %)* ☐ FINAL ☐ AMENDED

4. TERMINATED FOR DEFAULT ☐

5. CONTRACTOR *(Name, Address, and ZIP Code)*

6.a. PROCUREMENT METHOD *(X one)*
☐ SEALED BID ☐ NEGOTIATED

b. TYPE OF CONTRACT *(X one)*
☐ FIRM FIXED PRICE ☐ COST REIMBURSEMENT
☐ OTHER *(Specify)*

7. DESCRIPTION AND LOCATION OF WORK

8. TYPE AND PERCENT OF SUBCONTRACTING

9. FISCAL DATA ▶	a. AMOUNT OF BASIC CONTRACT $	b. TOTAL AMOUNT OF MODIFICATIONS $	c. LIQUIDATED DAMAGES ASSESSED $	d. NET AMOUNT PAID CONTRACTOR $
10. SIGNIFICANT DATES ▶	a. DATE OF AWARD	b. ORIGINAL CONTRACT COMPLETION DATE	c. REVISED CONTRACT COMPLETION DATE	d. DATE WORK ACCEPTED

PART II - PERFORMANCE EVALUATION OF CONTRACTOR

11. OVERALL RATING *(X appropriate block)*
☐ OUTSTANDING ☐ ABOVE AVERAGE ☐ SATISFACTORY ☐ MARGINAL ☐ UNSATISFACTORY *(Explain in Item 20 on reverse)*

12. EVALUATED BY

a. ORGANIZATION *(Name and Address (Include ZIP Code))*		b. TELEPHONE NUMBER *(Include Area Code)*
c. NAME AND TITLE	d. SIGNATURE	e. DATE

13. EVALUATION REVIEWED BY

a. ORGANIZATION *(Name and Address (Include ZIP Code)*		b. TELEPHONE NUMBER *(Include Area Code)*
c. NAME AND TITLE	d. SIGNATURE	e. DATE

14. AGENCY USE *(Distribution, etc.)*

PART III - EVALUATION OF PERFORMANCE ELEMENTS

N/A = NOT APPLICABLE O = OUTSTANDING A = ABOVE AVERAGE S = SATISFACTORY M = MARGINAL U = UNSATISFACTORY

15. QUALITY CONTROL	N/A	O	A	S	M	U
a. QUALITY OF WORKMANSHIP						
b. ADEQUACY OF THE CQC PLAN						
c. IMPLEMENTATION OF THE CQC PLAN						
d. QUALITY OF QC DOCUMENTATION						
e. STORAGE OF MATERIALS						
f. ADEQUACY OF MATERIALS						
g. ADEQUACY OF SUBMITTALS						
h. ADEQUACY OF QC TESTING						
i. ADEQUACY OF AS-BUILTS						
j. USE OF SPECIFIED MATERIALS						
k. IDENTIFICATION / CORRECTION OF DEFICIENT WORK IN A TIMELY MANNER						
17. TIMELY PERFORMANCE						
a. ADEQUACY OF INITIAL PROGRESS SCHEDULE						
b. ADHERENCE TO APPROVED SCHEDULE						
c. RESOLUTION OF DELAYS						
d. SUBMISSION OF REQUIRED DOCUMENTATION						
e. COMPLETION OF PUNCHLIST ITEMS						
f. SUBMISSION OF UPDATED AND REVISED PROGRESS SCHEDULES						
g. WARRANTY RESPONSE						

16. EFFECTIVENESS OF MANAGEMENT	N/A	O	A	S	M	U
a. COOPERATION AND RESPONSIVENESS						
b. MANAGEMENT OF RESOURCES/ PERSONNEL						
c. COORDINATION AND CONTROL OF SUBCONTRACTOR(S)						
d. ADEQUACY OF SITE CLEAN-UP						
e. EFFECTIVENESS OF JOB-SITE SUPERVISION						
f. COMPLIANCE WITH LAWS AND REGULATIONS						
g. PROFESSIONAL CONDUCT						
h. REVIEW / RESOLUTION OF SUBCONTRACTOR'S ISSUES						
i. IMPLEMENTATION OF SUBCONTRACTING PLAN						
18. COMPLIANCE WITH LABOR STANDARDS						
a. CORRECTION OF NOTED DEFICIENCIES						
b. PAYROLLS PROPERLY COMPLETED AND SUBMITTED						
c. COMPLIANCE WITH LABOR LAWS AND REGULATIONS WITH SPECIFIC ATTENTION TO THE DAVIS-BACON ACT AND EEO REQUIREMENTS						
19. COMPLIANCE WITH SAFETY STANDARDS						
a. ADEQUACY OF SAFETY PLAN						
b. IMPLEMENTATION OF SAFETY PLAN						
c. CORRECTION OF NOTED DEFICIENCIES						

20. **REMARKS** *(Explanation of unsatisfactory evaluation is required. Other comments are optional. Provide facts concerning specific events or actions to justify the evaluation . These data must be in sufficient detail to assist contracting officers in determining the contractor's responsibility. Continue on separate sheet(s), if needed.)*

STATEMENT OF COMPLIANCE

Form Approved
OMB No. 1215-0149
Expires Aug 31, 1994

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN THE COMPLETED FORM TO THE CONTRACTING OFFICER.

1. PAYROLL NUMBER	2. PAYROLL PAYMENT DATE *(YYMMDD)*	3. CONTRACT NUMBER	4. DATE *(YYMMDD)*

I, _____ , _____ do hereby state.
(Name of signatory party) *(Title)*

(1) That I pay or supervise the payment of the persons employed by _____
(Contractor or subcontractor)

on the _____ ; that during the payroll period commencing on the _____ day of
(Building or work)

_____ , 19 _____ and ending the _____ day of _____ , 19 _____ all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said _____ from the full weekly wages earned by any person
(Contractor or subcontractor)

and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended ***(48 Stat 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c)***, and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) **WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS**

☐ - In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) **WHERE FRINGE BENEFITS ARE PAID IN CASH**

☐ - Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) **EXCEPTIONS**

EXCEPTION *(Craft)*	EXPLANATION

5. REMARKS

6. NAME *(Last, First, Middle Initial)*	7. TITLE	8. SIGNATURE

The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution. See Section 1001 of Title 18 and Section 231 of Title 31 of the United States Code.

INSTRUCTIONS FOR PREPARATION OF DD FORM 879, STATEMENT OF COMPLIANCE

This statement of compliance meets needs resulting from the amendment of the Davis-Bacon Act to include fringe benefits provisions. Under this amended law, the contractor is required to pay fringe benefits as predetermined by the Department of Labor, in addition to payment of the minimum rates. The contractor's obligation to pay fringe benefits may be met by payment of the fringes to the various plans, funds, or programs or by making these payments to the employees as cash in lieu of fringes.

The contractor should *show on the face of his / her payroll all monies paid to the employees* whether as basic rates or as cash in lieu of fringes. The contractor shall represent in the statement of compliance that *he / she is paying to others* fringes required by the contract and not paid as cash in lieu of fringes. Detailed instructions follow:

CONTRACTORS WHO PAY ALL REQUIRED FRINGE BENEFITS

A contractor who pays fringe benefits to approved plans, funds, or programs in amounts not less than were determined in the applicable wage decision of the Secretary of Labor shall continue to show on the face of the payroll the basic cash hourly rate and overtime rate paid to employees, just as always done. Such a contractor shall check paragraph 4(a) of the statement to indicate that payment is also being made to approved plans, funds, or programs not less than the amount predetermined as fringe benefits for each craft. Any exception shall be noted in Section 4(c).

CONTRACTORS WHO PAY NO FRINGE BENEFITS

A contractor who pays no fringe benefits shall pay to the employee and insert in the straight time hourly rate column of the payroll an amount not less than the predetermined rate for each classification plus the amount of fringe benefits determined for each classification in the applicable wage decision. Inasmuch as it is not necessary to pay time and a half on cash paid in lieu of fringes, the overtime rate shall be not less than the sum of the basic predetermined rate, plus the half time premium on the basic or regular rate, plus the required cash in lieu of fringes at the straight time rate. To simplify computation of overtime, it is suggested that the straight time basic rate and cash in lieu of fringes be separately stated in the hourly rate column, thus $X.XX/XX. In addition, the contractor shall mark paragraph 4(b) of the statement to indicate that payment is being made of fringe benefits in cash directly to employees. Any exceptions shall be noted in Section 4(c).

USE OF SECTION 4(c), EXCEPTIONS

Any contractor who is making payment to approved plans, funds, or programs in amounts less than the wage determination required is obliged to pay the deficiency directly to the employees as cash in lieu of fringes. Any exceptions to Section 4(a) or 4(b), whichever the contractor may mark, shall be entered in Section 4(c). Enter in the Exception column the craft, and enter in the Explanation column the hourly amount paid the employees as cash in lieu of fringes, and the hourly amount paid to plans, funds, or programs as fringes.

*U.S. GPO: 1994-300-727/10451

CONSTRUCTION PROGRESS CHART

REPORTS CONTROL SYMBOL

1. CONTRACTOR	3. PROJECT	5. CONTRACT DESCRIPTION	6. SUBMITTED FOR APPROVAL	DATE
			7. APPROVAL RECOMMENDED	DATE
2. CONTRACT NUMBER	4. LOCATION		8. APPROVED	DATE

LEGEND

BARS: 0 5 10

Scheduled progress to date of report

Actual progress

CURVES:

Scheduled progress _____ Actual progress .....

PRINCIPAL CONTRACT FEATURE	LINE ITEM	WT.	ESTIMATED COST	
				SCHED. / ACTUAL
				SCHED. / ACTUAL
				SCHED. / ACTUAL
				SCHED. / ACTUAL
				SCHED. / ACTUAL
				SCHED. / ACTUAL
				SCHED. / ACTUAL
				SCHED. / ACTUAL
				SCHED. / ACTUAL
				SCHED. / ACTUAL

100 90 80 70 60 50 40 30 20 10 0

ENG FORM 2454
1 JUNE 63

PREVIOUS EDITION MAY BE USED.

(For Safety Staff only)	REPORT NO.	EROC CODE	**UNITED STATES ARMY CORPS OF ENGINEERS ACCIDENT INVESTIGATION REPORT** *(For Use of this Form See Help Menu and USACE Suppl to AR 385-40)*	**REQUIREMENT CONTROL SYMBOL:**

1. **ACCIDENT CLASSIFICATION**

PERSONNEL CLASSIFICATION	INJURY/ILLNESS/FATAL	PROPERTY DAMAGE	MOTOR VEHICLE INVOLVED	DIVING
GOVERNMENT ☐ CIVILIAN ☐ MILITARY	☐	☐ FIRE INVOLVED ☐ OTHER	☐	☐
☐ CONTRACTOR	☐	☐ FIRE INVOLVED ☐ OTHER	☐	☐
☐ PUBLIC	☐ FATAL ☐ OTHER		☐	

2. **PERSONAL DATA**

a. Name *(Last, First, MI)*	b. AGE	c. SEX ☐ MALE ☐ FEMALE	d. SOCIAL SECURITY NUMBER	e. GRADE

f. JOB SERIES/TITLE	g. DUTY STATUS AT TIME OF ACCIDENT	h. EMPLOYMENT STATUS AT TIME OF ACCIDENT
	☐ ON DUTY ☐ TDY ☐ OFF DUTY	☐ ARMY ACTIVE ☐ ARMY RESERVE ☐ VOLUNTEER ☐ PERMANENT ☐ FOREIGN NATIONAL ☐ SEASONAL ☐ TEMPORARY ☐ STUDENT ☐ OTHER *(Specify)*

3. **GENERAL INFORMATION**

a. DATE OF ACCIDENT *(month/day/year)*	b. TIME OF ACCIDENT *(Military time)*	c. EXACT LOCATION OF ACCIDENT	d. CONTRACTOR'S NAME
	hrs		(1) PRIME:

e. CONTRACT NUMBER	f. TYPE OF CONTRACT	g. HAZARDOUS/TOXIC WASTE ACTIVITY	(2) SUBCONTRACTOR:
☐ CIVIL WORKS ☐ MILITARY ☐ OTHER *(Specify)*	☐ CONSTRUCTION ☐ SERVICE ☐ A/E ☐ DREDGE ☐ OTHER *(Specify)*	☐ SUPERFUND ☐ DERP ☐ IRP ☐ OTHER *(Specify)*	

4. **CONSTRUCTION ACTIVITIES ONLY** *(Fill in line and corresponding code number in box from list - see help menu)*

a. CONSTRUCTION ACTIVITY	(CODE) #	b. TYPE OF CONSTRUCTION EQUIPMENT	(CODE) #

5. INJURY/ILLNESS INFORMATION *(Include name on line and corresponding code number in box for items e, f & g - see help menu)*

a. SEVERITY OF ILLNESS/INJURY	(CODE) #	B. ESTIMATED DAYS LOST	C. ESTIMATED DAYS HOSPITALIZED	D. ESTIMATED DAYS RESTRICTED DUTY

e. BODY PART AFFECTED	(CODE) #	g. TYPE AND SOURCE OF INJURY/ILLNESS	(CODE) #
PRIMARY		TYPE	
SECONDARY	(CODE) #	SOURCE	(CODE) #
f. NATURE OF ILLNESS / INJURY	(CODE) #		

6. PUBLIC FATALITY *(Fill in line and correspondence code number in box - see help menu)*

a. ACTIVITY AT TIME OF ACCIDENT	(CODE) #	b. PERSONAL FLOATATION DEVICE USED?
		☐ YES ☐ NO ☐ N/A

7. MOTOR VEHICLE ACCIDENT

a. TYPE OF VEHICLE	b. TYPE OF COLLISION	c. SEAT BELTS	USED	NOT USED	NOT AVAILABLE
☐☐ PICKUP/VAN ☐☐ AUTOMOBILE ☐☐ TRUCK ☐☐ OTHER *(Specify)*	☐ SIDE SWIPE ☐ HEAD ON ☐ REAR END ☐ BROADSIDE ☐ ROLL OVER ☐ BACKING ☐ OTHER *(Specify)*	(1) FRONT SEAT			
		(2) REAR SEAT			

8. PROPERTY/MATERIAL INVOLVED

a. NAME OF ITEM	B. OWNERSHIP	C. $ AMOUNT OF DAMAGE
(1)		
(2)		
(3)		

9. VESSEL/FLOATING PLANT ACCIDENT *(Fill in line and correspondence code number in box from list - see help menu)*

a. TYPE OF VESSEI/FLOATING PLANT	(CODE) #	b. TYPE OF COLLISION/MISHAP	(CODE) #

10. ACCIDENT DESCRIPTION *(Use additional paper, if necessary)*

See attached page.

11. **CAUSAL FACTOR(S)** *(Read Instruction Before Completing)*

a. (Explain YES answers in item 13)	YES	NO
DESIGN: Was design of facility, workplace or equipment a factor?	☐	☐
INSPECTION/MAINTENANCE: Were inspection & maintenance procedures a factor?	☐	☐
PERSON'S PHYSICAL CONDITION: In your opinion, was the physical condition of the person a factor?	☐	☐
OPERATING PROCEDURES: Were operating procedures a factor?	☐	☐
JOB PRACTICES: Were any job safety/health practices not followed when the accident occurred?	☐	☐
HUMAN FACTORS: Did any human factors such as, size or strength of person, etc., contribute to accident?	☐	☐
ENVIRONMENTAL FACTORS: Did heat, cold, dust, sun, glare, etc., contribute to the accident?	☐	☐

a. *(CONTINUED)*	YES	NO
CHEMICAL AND PHYSICAL AGENT FACTORS: Did exposure to chemical agents, such as dust, fumes, mists, vapors or physical agents, such as, noise, radiation, etc., contribute to accident?	☐	☐
OFFICE FACTORS: Did office setting such as, lifting office furniture, carrying, stooping, etc., contribute to the accident?	☐	☐
SUPPORT FACTORS: Were inappropriate tools/resources provided to properly perform the activity/task?	☐	☐
PERSONAL PROTECTIVE EQUIPMENT: Did the improper selection, use or maintenance of personal protective equipment contribute to the accident?	☐	☐
DRUGS/ALCOHOL: In your opinion, was drugs or alcohol a factor to the accident	☐	☐

b. WAS A WRITTEN JOB/ACTIVITY HAZARD ANALYSIS COMPLETED FOR TASK BEING PERFORMED AT TIME OF ACCIDENT?

☐ YES *(If yes, attach a copy.)* ☐ NO

12. **TRAINING**

a. WAS PERSON TRAINED TO PERFORM ACTIVITY/TASK?	b. TYPE OF TRAINING.	c. DATE OF MOST RECENT FORMAL TRAINING.
☐ YES ☐ NO	☐ CLASSROOM ☐ ON JOB	(Month) (Day) (Year)

13. **FULLY EXPLAIN WHAT ALLOWED OR CAUSED THE ACCIDENT; INCLUDE DIRECT AND INDIRECT CAUSES** *(See instruction for definition of direct and indirect causes.) (Use additional paper, if necessary)*

a. DIRECT CAUSE

See attached page.

b. INDIRECT CAUSE(S)

See attached page.

14. **ACTION(S) TAKEN, ANTICIPATED OR RECOMMENDED TO ELIMINATE CAUSE(S).**

DESCRIBE FULLY:

See attached page.

15. **DATES FOR ACTIONS IDENTIFIED IN BLOCK 14.**

a. BEGINNING (Month/Day/Year)	b. ANTICIPATED COMPLETION (Month/Day/Year)		
c. SIGNATURE AND TITLE OF SUPERVISOR COMPLETING REPORT CORPS _____ CONTRACTOR _____	d. DATE *(Mo/Da/Yr)*	e. ORGANIZATION IDENTIFIER *(Div, Br, Sect)*	f. OFFICE SYMBOL

16. **MANAGEMENT REVIEW** *(1st)*

a. ☐ CONCUR b. ☐ NON CONCUR c. COMMENTS

SIGNATURE	TITLE	DATE

17. **MANAGEMENT REVIEW** *(2nd - Chief Operations, Construction, Engineering, etc.)*

a. ☐ CONCUR b. ☐ NON CONCUR c. COMMENTS

SIGNATURE	TITLE	DATE

18. **SAFETY AND OCCUPATIONAL HEALTH OFFICE REVIEW**

a. ☐ CONCUR b. ☐ NON CONCUR c. ADDITIONAL ACTIONS/COMMENTS

SIGNATURE	TITLE	DATE

19. **COMMAND APPROVAL**

COMMENTS

COMMANDER SIGNATURE	DATE

*U.S. GOVERNMENT PRINTING OFFICE:

10. **ACCIDENT DESCRIPTION** ***(Continuation)***

13a. **DIRECT CAUSE** ***(Continuation)***

13b.	INDIRECT CAUSES *(Continuation)*

14.	ACTION(S) TAKEN, ANTICIPATED, OR RECOMMENDED TO ELIMINATE CAUSE(S) *(Continuation)*

GENERAL. Complete a separate report for each person who was *injured, caused,* or *contributed* to the accident (excluding uninjured personnel and witnesses). Use of this form for reporting USACE employee first-aid type injuries not submitted to the Office of Workers' Compensation Programs (OWCP) shall be at the descretion of the FOA commander. Please type or print legibly. Appropriate items shall be marked with an "X" in box(es). If additional space is needed, provide the information on a separate sheet and attach to the completed form. Ensure that these instructions are forwarded with the completed report to the designated management reviewers indicated in sections 16. and 17.

INSTRUCTIONS FOR SECTION 1 — ACCIDENT CLASSIFICATION. *(Mark All Boxes That Are Applicable.)*

a. GOVERNMENT. Mark "CIVILIAN" box if accident involved government civilian employee; mark "MILITARY" box if accident involved U.S. military personnel.
   (1) INJURY/ILLNESS/FATALITY — Mark if accident resulted in any government civilian employee injury, illness, or fatality that requires the submission of OWCP Forms CA-1 (injury), CA-2 (illness), or CA-6 (fatality) to OWCP; mark if accident resulted in military personnel lost-time or fatal injury or illness.
   (2) PROPERTY DAMAGE — Mark the appropriate box if accident resulted in any damage of $1000 or more to government property (including motor vehicles).
   (3) VEHICLE INVOLVED — Mark if accident involved a motor vehicle, *regardless* of whether "INJURY/ILLNESS/FATALITY" or "PROPERTY DAMAGE" are marked.
   (4) DIVING ACTIVITY — Mark if the accident involved an in-house USACE diving activity.

b. CONTRACTOR.
   (1) INJURY/ILLNESS/FATALITY — Mark if accident resulted in any contractor lost-time injury/illness or fatality.
   (2) PROPERTY DAMAGE — Mark the appropriate box if accident resulted in any damage of $1000 or more to contractor property (including motor vehicles).
   (3) VEHICLE INVOLVED — Mark if accident involved a motor vehicle, *regardless* of whether "INJURY/ILLNESS/FATALITY" or "PROPERTY DAMAGE" are marked.
   (4) DIVING ACTIVITY — Mark if the accident involved a USACE Contractor diving activity.

c. PUBLIC.
   (1) INJURY/ILLNESS/FATALITY — Mark if accident resulted in public fatality or permanent total disability. (The "OTHER" box will be marked when requested by the FOA to report an unusual non-fatal public accident that could result in claims against the government or as otherwise directed by the FOA Commander).
   (2) VOID SPACE — Make no entry.
   (3) VEHICLE INVOLVED — Mark if accident resulted in a fatality to a member of the public and involved a motor vehicle, *regardless* of whether "INJURY/ILLNESS/FATALITY" is marked.
   (4) VOID SPACE — Make no entry.

INSTRUCTIONS FOR SECTION 2 — PERSONAL DATA

a. NAME — (MANDATORY FOR GOVERNMENT ACCIDENTS. OPTIONAL AT THE DISCRETION OF THE FOA COMMANDER FOR CONTRACTOR AND PUBLIC ACCIDENTS). Enter last name, first name, middle initial of person involved.

b. AGE — Enter age.

c. SEX — Mark appropriate box.

d. SOCIAL SECURITY NUMBER — (FOR GOVERNMENT PERSONNEL ONLY) Enter the social security number (or other personal identification number if no social security number issued).

e. GRADE — (FOR GOVERNMENT PERSONNEL ONLY) Enter pay grade. Example: O-6; E-7; WG-8; WS-12; GS-11; etc.

f. JOB SERIES/TITLE — For *government civilian employees* enter the pay plan, full series number, and job title, e.g. GS-0810/Civil Engineer. For *military personnel* enter the primary military occupational specialty (PMOS), e.g., 15A30 or 11G50. For *contractor employees* enter the job title assigned to the injured person, e.g. carpenter, laborer, surveyor, etc.,

g. DUTY STATUS — Mark the appropriate box.
   (1) ON DUTY — Person was at duty station during duty hours or person was away from duty station during duty hours but on official business at time of the accident.
   (2) TDY - Person was on official business, away from the duty station and with travel orders at time of accident. Line-of-duty investigation required.
   (3) OFF DUTY - Person was not on official business at time of accident

h. EMPLOYMENT STATUS — (FOR GOVERNMENT PERSONNEL ONLY) Mark the most appropriate box. If "OTHER" is marked, specify the employment status of the person.

INSTRUCTION FOR SECTION 3 — GENERAL INFORMATION

a. DATE OF ACCIDENT — Enter the month, day, and year of accident.

b. TIME OF ACCIDENT — Enter the local time of accident in military time. Example: 1430 hrs (not 2:30 p.m.).

c. EXACT LOCATION OF ACCIDENT — Enter facts needed to locate the accident scene. (installation/project name, building number, street, direction and distance from closest landmark, etc.,).

d. CONTRACTOR NAME
   (1) PRIME — Enter the exact name (title of firm) of the prime contractor.
   (2) SUBCONTRACTOR — Enter the name of any subcontractor involved in the accident.

e. CONTRACT NUMBER — Mark the appropriate box to identify if contract is civil works, military, or other: If "OTHER" is marked, specify contract appropriation on line provided. Enter complete contract number of prime contract, e.g., DACW 09-85-C-0100.

f. TYPE OF CONTRACT — Mark appropriate box. A/E means architect/engineer. If "OTHER" is marked, specify type of contract on line provided.

g. HAZARDOUS/TOXIC WASTE ACTIVITY (HTW) — Mark the box to identify the HTW activity being performed at the time of the accident. For Superfund, DERP, and Installation Restoration Program (IRP) HTW activities include accidents that occurred during inventory, predesign, design, and construction. For the purpose of accident reporting, DERP Formerly Used DoD Site (FUDS) activities and IRP activities will be treated separately. For Civil Works O&M HTW activities mark the "OTHER" box.

INSTRUCTIONS FOR SECTION 4 — CONSTRUCTION ACTIVITIES

a. CONSTRUCTION ACTIVITY — Select the *most appropriate* construction activity being performed at time of accident from the list below. Enter the activity name and place the corresponding code number identified in the box.

CONSTRUCTION ACTIVITY LIST

1. MOBILIZATION
2. SITE PREPARATION
3. EXCAVATION/TRENCHING
4. GRADING (EARTHWORK)
5. PIPING/UTILITIES
6. FOUNDATION
7. FORMING
8. CONCRETE PLACEMENT
9. STEEL ERECTION
10. ROOFING
11. FRAMING
12. MASONRY
13. CARPENTRY
14. ELECTRICAL
15. SCAFFOLDING/ACCESS
16. MECHANICAL
17. PAINTING
18. EQUIPMENT/MAINTENANCE
19. TUNNELING
20. WAREHOUSING/STORAGE
21. PAVING
22. FENCING
23. SIGNING
24. LANDSCAPING/IRRIGATION
25. INSULATION
26. DEMOLITION

b. **TYPE OF CONSTRUCTION EQUIPMENT**—Select the equipment involved in the accident from the list below. Enter the name and place the corresponding code number identified in the box. If equipment is not included below, use code 24, "OTHER", and write in specific type of equipment.

CONSTRUCTION EQUIPMENT

1. GRADER
2. DRAGLINE
3. CRANE (ON VESSEL/BARGE)
4. CRANE (TRACKED)
5. CRANE (RUBBER TIRE)
6. CRANE (VEHICLE MOUNTED)
7. CRANE (TOWER)
8. SHOVEL
9. SCRAPER
10. PUMP TRUCK (CONCRETE)
11. TRUCK (CONCRETE/TRANSIT MIXER)
12. DUMP TRUCK (HIGHWAY)
13. DUMP TRUCK (OFF HIGHWAY)
14. TRUCK (OTHER)
15. FORKLIFT
16. BACKHOE
17. FRONT-END LOADER
18. PILE DRIVER
19. TRACTOR (UTILITY)
20. MANLIFT
21. DOZER
22. DRILL RIG
23. COMPACTOR/VIBRATORY ROLLER
24. OTHER

INSTRUCTIONS FOR SECTION 5—INJURY/ILLNESS INFORMATION

a. SEVERITY OF INJURY / ILLNESS - Reference para 2-10 of USACE Suppl 1 to AR 385-40 and enter code and description from list below.

NOI	NO INJURY
FAT	FATALITY
PTL	PERMANENT TOTAL DISABILITY
PPR	PERMANENT PARTIAL DISABILITY
LWD	LOST WORKDAY CASE INVOLVING DAYS AWAY FROM WORK
NLW	RECORDABLE CASE WITHOUT LOST WORKDAYS
RFA	RECORDABLE FIRST AID CASE
NRI	NON-RECORDABLE INJURY

b. ESTIMATED DAYS LOST—Enter the estimated number of workdays the person will lose from work.

c. ESTIMATED DAYS HOSPITALIZED—Enter the estimated number of workdays the person will be hospitalized.

d. ESTIMATED DAYS RESTRICTED DUTY—Enter the estimated number of workdays the person, as a result of the accident, will not be able to perform all of their regular duties.

e. BODY PART AFFECTED—Select the most appropriate primary and when applicable, secondary body part affected from the list below. Enter body part name on line and place the corresponding code letters identifying that body part in the box.

GENERAL BODY AREA	CODE	BODY PART NAME
ARM/WRIST	AB	ARM AND WRIST
	AS	ARM OR WRIST
TRUNK, EXTERNAL MUSCULATURE	B1	SINGLE BREAST
	B2	BOTH BREASTS
	B3	SINGLE TESTICLE
	B4	BOTH TESTICLES
	BA	ABDOMEN
	BC	CHEST
	BL	LOWER BACK
	BP	PENIS
	BS	SIDE
	BU	UPPER BACK
	BW	WAIST
	BZ	TRUNK OTHER
HEAD, INTERNAL	C1	SINGLE EAR INTERNAL
	C2	BOTH EARS INTERNAL
	C3	SINGLE EYE INTERNAL
	C4	BOTH EYES INTERNAL
	CB	BRAIN
	CC	CRANIAL BONES
	CD	TEETH
	CJ	JAW
	CL	THROAT, LARYNX
	CM	MOUTH
	CN	NOSE
	CR	THROAT, OTHER
	CT	TONGUE
	CZ	HEAD OTHER INTERNAL
ELBOW	EB	BOTH ELBOWS
	ES	SINGLE ELBOW
FINGER	F1	FIRST FINGER
	F2	BOTH FIRST FINGERS
	F3	SECOND FINGER
	F4	BOTH SECOND FINGERS
	F5	THIRD FINGER
	F6	BOTH THIRD FINGERS
	F7	FOURTH FINGER
	F8	BOTH FOURTH FINGERS
TOE	G1	GREAT TOE
	G2	BOTH GREAT TOES
	G3	TOE OTHER
	G4	TOES OTHER
HEAD, EXTERNAL	H1	EYE EXTERNAL
	H2	BOTH EYES EXTERNAL
	H3	EAR EXTERNAL
	H4	BOTH EARS EXTERNAL
	HC	CHIN
	HF	FACE
	HK	NECK/THROAT
	HM	MOUTH/LIPS
	HN	NOSE
	HS	SCALP
KNEE	KB	BOTH KNEES
	KS	KNEE
LEG, HIP, ANKLE, BUTTOCK	LB	BOTH LEGS/HIPS/ ANKLES/BUTTOCKS
	LS	SINGLE LEG/HIP ANKLE/BUTTOCK
HAND	MB	BOTH HANDS
	MS	SINGLE HAND
FOOT	PB	BOTH FEET
	PS	SINGLE FOOT
TRUNK, BONES	R1	SINGLE COLLAR BONE
	R2	BOTH COLLAR BONES
	R3	SHOULDER BLADE
	R4	BOTH SHOULDER BLADES
	RB	RIB
	RS	STERNUM (BREAST BONE)
	RV	VERTEBRAE (SPINE; DISC)
	RZ	TRUNK BONES OTHER
SHOULDER	SB	BOTH SHOULDERS
	SS	SINGLE SHOULDER
THUMB	TB	BOTH THUMBS
	TS	SINGLE THUMB
TRUNK, INTERNAL ORGANS	V1	LUNG, SINGLE
	V2	LUNGS, BOTH
	V3	KIDNEY, SINGLE
	V4	KIDNEYS, BOTH
	VH	HEART
	VL	LIVER
	VR	REPRODUCTIVE ORGANS
	VS	STOMACH
	VV	INTESTINES
	VZ	TRUNK, INTERNAL; OTHER

f. NATURE OF INJURY/ILLNESS - Select the most appropriate nature of injury / illness from the list below. This nature of injury / illness shall correspond to the primary body part selected in 5e, above. Enter the nature of injury / illness name on the line and place the corresponding CODE letters in the box provided.

*The injury or condition selected below must be caused by a specific incident or event which occurred during a single work day or shift.

GENERAL NATURE CATEGORY	CODE	NATURE OF INJURY NAME
*TRAUMATIC INJURY OR DISABILITY	TA	AMPUTATION
	TB	BACK STRAIN
	TC	CONTUSION; BRUISE; ABRASION
	TD	DISLOCATION
	TF	FRACTURE
	TH	HERNIA
	TK	CONCUSSION
	TL	LACERATION, CUT
	TP	PUNCTURE
	TS	STRAIN, MULTIPLE
	TU	BURN, SCALD, SUNBURN
	TI	TRAUMATIC SKIN DISEASES/ CONDITIONS INCLUDING DERMATITIS
	TR	TRAUMATIC RESPIRATORY DISEASE
	TQ	TRAUMATIC FOOD POISONING
	TW	TRAUMATIC TUBERCULOSIS
	TX	TRAUMATIC VIROLOGICAL/ INFECTIVE/PARASITIC DISEASE
	T1	TRAUMATIC CEREBRAL VASCULAR CONDITION/STROKE
	T2	TRAUMATIC HEARING LOSS
	T3	TRAUMATIC HEART CONDITION
	T4	TRAUMATIC MENTAL DISORDER; STRESS; NERVOUS CONDITION
	T8	TRAUMATIC INJURY — OTHER (EXCEPT DISEASE, ILLNESS)

**A nontraumatic physiological harm or loss of capacity produced by systemic infection; continued or repeated stress or strain; exposure to toxins, poisons, fumes, etc.; or other continued and repeated exposures to conditions of the work environment over a long period of time. For practical purposes, an occupational illness/disease or disability is any reported condition which does not meet the definition of traumatic injury or disability as described above.

GENERAL NATURE CATEGORY	CODE	NATURE OF INJURY NAME
**NON-TRAUMATIC ILLNESS/DISEASE OR DISABILITY		
RESPIRATORY DISEASE	RA	ASBESTOSIS
	RB	BRONCHITIS
	RE	EMPHYSEMA
	RP	PNEUMOCONIOSIS
	RS	SILICOSIS
	R9	RESPIRATORY DISEASE, OTHER
VIROLOGICAL, INFECTIVE & PARASITIC DISEASES	VB	BRUCELLOSIS
	VC	COCCIDIOMYCOSIS
	VF	FOOD POISONING
	VH	HEPATITIS
	VM	MALARIA
	VS	STAPHYLOCOCCUS
	VT	TUBERCULOSIS
	V9	VIROLOGICAL/INFECTIVE/ PARASITIC—OTHER
DISABILITY, OCCUPATIONAL	DA	ARTHRITIS, BURSITIS
	DB	BACK STRAIN, BACK SPRAIN
	DC	CEREBRAL VASCULAR CONDITION; STROKE
	DD	ENDEMIC DISEASE (OTHER THAN CODE TYPES R&S)
	DE	EFFECT OF ENVIRONMENTAL CONDITION
	DH	HEARING LOSS
	DK	HEART CONDITION
	DM	MENTAL DISORDER, EMOTIONAL STRESS NERVOUS CONDITION
	DR	RADIATION
	DS	STRAIN, MULTIPLE
	DU	ULCER
	DV	OTHER VASCULAR CONDITIONS
	D9	DISABILITY, OTHER
SKIN DISEASE OR CONDITION	S8	BIOLOGICAL
	SC	CHEMICAL
	S9	DERMATITIS, UNCLASSIFIED

g. TYPE AND SOURCE OF INJURY/ILLNESS (CAUSE) - Type and Source Codes are used to describe what caused the incident. The Type Code stands for an ACTION and the Source Code for an OBJECT or SUBSTANCE. Together, they form a brief description of how the incident occurred. Where there are two different sources, code the initiating source of the incident (see example 1, below). Examples:

(1) An employee tripped on carpet and struck his head on a desk.
TYPE: 210 (fell on same level) SOURCE: 0110 (walking/working surface)

NOTE: This example would NOT be coded 120 (struck against) and 0140 (furniture).

(2) A Park Ranger contracted dermatitis from contact with poison ivy/ oak.
TYPE: 510 (contact) SOURCE: 0920 (plant)

(3) A lock and dam mechanic punctured his finger with a metal sliver while grinding a turbine blade.
TYPE: 410 (punctured by) SOURCE: 0830 (metal)

(4) An employee was driving a government vehicle when it was struck by another vehicle..
TYPE: 800 (traveling in) SOURCE: 0421 (government-owned vehicle, as driver)

NOTE: The Type Code 800, "Traveling In" is different from the other type codes in that its function is not to identify factors contributing to the injury or fatality, but rather to collect data on the type of vehicle the employee was operating or traveling in at the time of the incident.

Select the most appropriate TYPE and SOURCE identifier from the list below and enter the name on the line and the corresponding code in the appropriate box.

CODE	TYPE OF INJURY NAME
	STRUCK
0110	STRUCK BY
0111	STRUCK BY FALLING OBJECT
0120	STRUCK AGAINST
	FELL, SLIPPED, TRIPPED
0210	FELL ON SAME LEVEL
0220	FELL ON DIFFERENT LEVEL
0230	SLIPPED, TRIPPED (NO FALL)
	CAUGHT
0310	CAUGHT ON
0320	CAUGHT IN
0330	CAUGHT BETWEEN
	PUNCTURED, LACERATED
0410	PUNCTURED BY
0420	CUT BY
0430	STUNG BY
0440	BITTEN BY
	CONTACTED
0510	CONTACTED WITH (INJURED PERSON MOVING)
0520	CONTACTED BY (OBJECT WAS MOVING)
	EXERTED
0610	LIFTED, STRAINED BY (SINGLE ACTION)
0620	STRESSED BY (REPEATED ACTION)
	EXPOSED
0710	INHALED
0720	INGESTED
0730	ABSORBED
0740	EXPOSED TO
0800	TRAVELING IN

CODE	SOURCE OF INJURY NAME
0100	BUILDING OR WORKING AREA
0110	WALKING/WORKING SURFACE (FLOOR, STREET, SIDEWALKS, ETC)
0120	STAIRS, STEPS
0130	LADDER
0140	FURNITURE, FURNISHINGS, OFFICE EQUIPMENT
0150	BOILER, PRESSURE VESSEL
0160	EQUIPMENT LAYOUT (ERGONOMIC)
0170	WINDOWS, DOORS
0180	ELECTRICITY

CODE	SOURCE OF INJURY NAME
0200	ENVIRONMENTAL CONDITION
0210	TEMPERATURE EXTREME (INDOOR)
0220	WEATHER (ICE, RAIN, HEAT, ETC.)
0230	FIRE, FLAME, SMOKE (NOT TOBACCO)
0240	NOISE
0250	RADIATION
0260	LIGHT
0270	VENTILATION
0271	TOBACCO SMOKE
0280	STRESS (EMOTIONAL)
0290	CONFINED SPACE
0300	MACHINE OR TOOL
0310	HAND TOOL (POWERED: SAW, GRINDER, ETC.)
0320	HAND TOOL (NONPOWERED)
0330	MECHANICAL POWER TRANSMISSION APPARATUS
0340	GUARD, SHIELD (FIXED, MOVEABLE, INTERLOCK)
0350	VIDEO DISPLAY TERMINAL
0360	PUMP, COMPRESSOR, AIR PRESSURE TOOL
0370	HEATING EQUIPMENT
0380	WELDING EQUIPMENT
0400	VEHICLE
0411	AS DRIVER OF PRIVATELY OWNED/RENTAL VEHICLE
0412	AS PASSENGER OF PRIVATELY OWNED/RENTAL VEHICLE
0421	DRIVER OF GOVERNMENT VEHICLE
0422	PASSENGER OF GOVERNMENT VEHICLE
0430	COMMON CARRIER (AIRLINE, BUS, ETC.)
0440	AIRCRAFT (NOT COMMERCIAL)
0450	BOAT, SHIP, BARGE
0500	MATERIAL HANDLING EQUIPMENT
0510	EARTHMOVER (TRACTOR, BACKHOE, ETC.)
0520	CONVEYOR (FOR MATERIAL AND EQUIPMENT)
0530	ELEVATOR, ESCALATOR, PERSONNEL HOIST
0540	HOIST, SLING CHAIN, JACK
0550	CRANE
0551	FORKLIFT
0560	HANDTRUCK, DOLLY
0600	DUST, VAPOR, ETC.
0610	DUST (SILICA, COAL, ETC.)
0620	FIBERS
0621	ASBESTOS
0630	GASES
0631	CARBON MONOXIDE
0640	MIST, STEAM, VAPOR, FUME
0641	WELDING FUMES
0650	PARTICLES (UNIDENTIFIED)
0700	CHEMICAL, PLASTIC, ETC.
0711	DRY CHEMICAL—CORROSIVE
0712	DRY CHEMICAL—TOXIC
0713	DRY CHEMICAL—EXPLOSIVE
0714	DRY CHEMICAL—FLAMMABLE
0721	LIQUID CHEMICAL—CORROSIVE
0722	LIQUID CHEMICAL—TOXIC
0723	LIQUID CHEMICAL—EXPLOSIVE
0724	LIQUID CHEMICAL—FLAMMABLE
0730	PLASTIC
0740	WATER
0750	MEDICINE
0800	INANIMATE OBJECT
0810	BOX, BARREL, ETC.
0820	PAPER
0830	METAL ITEM, MINERAL
0831	NEEDLE
0840	GLASS
0850	SCRAP, TRASH
0860	WOOD
0870	FOOD
0880	CLOTHING, APPAREL, SHOES
0900	ANIMATE OBJECT
0911	DOG
0912	OTHER ANIMAL
0920	PLANT
0930	INSECT
0940	HUMAN (VIOLENCE)
0950	HUMAN (COMMUNICABLE DISEASE)
0960	BACTERIA, VIRUS (NOT HUMAN CONTACT)

CODE	SOURCE OF INJURY NAME
1000	PERSONAL PROTECTIVE EQUIPMENT
1010	PROTECTIVE CLOTHING, SHOES, GLASSES, GOGGLES
1020	RESPIRATOR, MASK
1021	DIVING EQUIPMENT
1030	SAFETY BELT, HARNESS
1040	PARACHUTE

INSTRUCTIONS FOR SECTION 6 — PUBLIC FATALITY

a. ACTIVITY AT TIME OF ACCIDENT—Select the activity being performed at the time of the accident from the list below. Enter the activity name on the line and the corresponding number in the box. If the activity performed is not identified on the list, select from the *most* appropriate primary activity area (water related, non-water related or other activity), the code number for "Other", and write in the activity being performed at the time of the accident.

WATER RELATED RECREATION

1. Sailing
2. Boating—powered
3. Boating—unpowered
4. Water skiing
5. Fishing from boat
6. Fishing from bank dock or pier
7. Fishing while wading
8. Swimming/supervised area
9. Swimming/designated area
10. Swimming/other area
11. Underwater activities (skin diving, scuba, etc.)
12. Wading
13. Attempted rescue
14. Hunting from boat
15. Other

NON-WATER RELATED RECREATION

16. Hiking and walking
17. Climbing (general)
18. Camping/picnicking authorized area
19. Camping/picnicking unauthorized area
20. Guided tours
21. Hunting
22. Playground equipment
23. Sports/summer (baseball, football, etc.)
24. Sports/winter (skiing, sledding, snowmobiling etc.)
25. Cycling (bicycle, motorcycle, scooter)
26. Gliding
27. Parachuting
28. Other non-water related

OTHER ACTIVITIES

29. Unlawful acts (fights, riots, vandalism, etc.)
30. Food preparation/serving
31. Food consumption
32. Housekeeping
33. Sleeping
34. Pedestrian struck by vehicle
35. Pedestrian other acts
36. Suicide
37. "Other" activities

b. PERSONAL FLOTATION DEVICE USED—If fatality was water-related was the victim wearing a person flotation device? Mark the appropriate box.

INSTRUCTIONS FOR SECTION 7—MOTOR VEHICLE ACCIDENT

a. TYPE OF VEHICLE—Mark appropriate box for each vehicle involved. If more than one vehicle of the same type is involved, mark both halves of the appropriate box. USACE vehicle(s) involved shall be marked in left half of appropriate box.

b. TYPE OF COLLISION—Mark appropriate box.

c. SEAT BELT—Mark appropriate box.

INSTRUCTIONS FOR SECTION 8—PROPERTY/ MATERIAL INVOLVED

a. NAME OF ITEM—Describe all property involved in accident. Property/material involved means material which is damaged or whose use or misuse contributed to the accident. Include the name, type, model; also include the National Stock Number (NSN) whenever applicable.

b. OWNERSHIP—Enter ownership for each item listed. (Enter one of the following: *USACE; OTHER GOVERNMENT; CONTRACTOR: PRIVATE)*

c. $ AMOUNT OF DAMAGE—Enter the total estimated dollar amount of damage (parts and labor), if any.

INSTRUCTIONS FOR SECTION 9—VESSEL/ FLOATING PLANT ACCIDENT

a. TYPE OF VESSEL/FLOATING PLANT—Select the most appropriate vessel/floating plant from list below. Enter name and place corresponding number in box. If item is not listed below, enter item number for "OTHER" and write in specific type of vessel/ floating plant.

VESSEL/FLOATING PLANTS

1. ROW BOAT
2. SAIL BOAT
3. MOTOR BOAT
4. BARGE
5. DREDGE/HOPPER
6. DREDGE/SIDE CASTING
7. DREDGE/DIPPER
8. DREDGE/CLAMSHELL, BUCKET
9. DREDGE/PIPE LINE
10. DREDGE/DUST PAN
11. TUG BOAT
12. OTHER

b. COLLISION/MISHAP—Select from the list below the object(s) that contributed to the accident or were damaged in the accident.

COLLISION/MISHAP

1. COLLISION W/OTHER VESSEL
2. UPPER GUIDE WALL
3. UPPER LOCK GATES
4. LOCK WALL
5. LOWER LOCK GATES
6. LOWER GUIDE WALL
7. HAULAGE UNIT
8. BREAKING TOW
9. TOW BREAKING UP
10. SWEPT DOWN ON DAM
11. BUOY/DOLPHIN/CELL
12. WHARF OR DOCK
13. OTHER

INSTRUCTIONS FOR SECTION 10—ACCIDENT DESCRIPTION

DESCRIBE ACCIDENT—Fully describe the accident. Give the sequence of events that describe what happened leading up to and including the accident. Fully identify personnel and equipment involved and their role(s) in the accident. Ensure that relationships between personnel and equipment are clearly specified. Continue on blank sheets if necessary and attach to this report.

INSTRUCTIONS FOR SECTION 11—CAUSAL FACTORS

a. Review thoroughly. Answer each question by marking the appropriate block. If any answer is yes, explain in item 13 below. Consider, as a minimum, the following:

(1) DESIGN—Did inadequacies associated with the building or work site play a role? Would an improved design or layout of the equipment or facilities reduce the likelihood of similar accidents? Were the tools or other equipment designed and intended for the task at hand?

(2) INSPECTION/MAINTENANCE—Did inadequately or improperly maintained equipment, tools, workplace, etc. create or worsen any hazards that contributed to the accident? Would better equipment, facility, work site or work activity inspections have helped avoid the accident?

(3) PERSON'S PHYSICAL CONDITION—Do you feel that the accident would probably not have occurred if the employee was in "good" physical condition? If the person involved in the accident had been in better physical condition, would the accident have been less severe or avoided altogether? Was over exertion a factor?

(4) OPERATING PROCEDURES—Did a lack of or inadequacy within established operating procedures contribute to the accident? Did any aspect of the procedures introduce any hazard to, or increase the risk associated with the work process? Would establishment or improvement of operating procedures reduce the likelihood of similar accidents?

(5) JOB PRACTICES—Were any of the provisions of the Safety and Health Requirements Manual (EM 385-1-1) violated? Was the task being accomplished in a manner which was not in compliance with an established job hazard analysis or activity hazard analysis? Did any established job practice (including EM 385-1-1) fail to adequately address the task or work process? Would better job practices improve the safety of the task?

(6) HUMAN FACTORS—Was the person under undue stress (either internal or external to the job)? Did the task tend toward overloading the capabilities of the person; i.e., did the job require tracking and reacting to many external inputs such as displays, alarms, or signals? Did the arrangement of the workplace tend to interfere with efficient task performance? Did the task require reach, strength, endurance, agility, etc., at or beyond the capabilities of the employee? Was the work environment ill-adapted to the person? Did the person need more training, experience, or practice in doing the task? Was the person inadequately rested to perform safely?

(7) ENVIRONMENTAL FACTORS—Did any factors such as moisture, humidity, rain, snow, sleet, hail, ice, fog, cold, heat, sun, temperature changes, wind, tides, floods, currents, dust, mud, glare, pressure changes, lightning, etc., play a part in the accident?

(8) CHEMICAL AND PHYSICAL AGENT FACTORS—Did exposure to chemical agents (either single shift exposure or long-term exposure) such as dusts, fibers (asbestos, etc.), silica, gases (carbon monoxide, chlorine, etc.,), mists, steam, vapors, fumes, smoke, other particulates, liquid or dry chemicals that are corrosive, toxic, explosive or flammable, by-products of combustion or physical agents such as noise, ionizing radiation, non-ionizing radiation (UV radiation created during welding, etc.) contribute to the accident/incident?

(9) OFFICE FACTORS—Did the fact that the accident occurred in an office setting or to an office worker have a bearing on its cause? For example, office workers tend to have less experience and training in performing tasks such as lifting office furniture. Did physical hazards within the office environment contribute to the hazard?

(10) SUPPORT FACTORS—Was the person using an improper tool for the job? Was inadequate time available or utilized to safely accomplish the task? Were less than adequate personnel resources (in terms of employee skills, number of workers, and adequate supervision) available to get the job done properly? Was funding available, utilized, and adequate to provide proper tools, equipment, personnel, site preparation, etc?

(11) PERSONAL PROTECTIVE EQUIPMENT—Did the person fail to use appropriate personal protective equipment (gloves, eye protection, hard-toed shoes, respirator, etc.) for the task or environment? Did protective equipment provided or worn fail to provide adequate protection from the hazard(s)? Did lack of or inadequate maintenance of protective gear contribute to the accident?

(12) DRUGS/ALCOHOL—Is there any reason to believe the person's mental or physical capabilities, judgement, etc., were impaired or altered by the use of drugs or alcohol? Consider the effects of prescription medicine and over the counter medications as well as illicit drug use. Consider the effect of drug or alcohol induced "hangovers".

b. WRITTEN JOB/ACTIVITY HAZARD ANALYSIS—Was a written Job/Activity Hazard Analysis completed for the task being performed at the time of the accident? Mark the appropriate box. *If one was performed, attach a copy of the analysis to the report.*

INSTRUCTIONS FOR SECTION 12—TRAINING

a. WAS PERSON TRAINED TO PERFORM ACTIVITY/TASK?—For the purpose of this section "trained" means the person has been provided the necessary information (either formal and/or on-the-job (OJT) training) to competently perform the activity/task in a safe and healthful manner.

b. TYPE OF TRAINING—Mark the appropriate box that best indicates the type of training; (classroom or on-the-job) that the injured person received before the accident happened.

c. DATE OF MOST RECENT TRAINING—Enter the month, day, and year of the last *formal* training completed that covered the activity-task being performed at the time of the accident.

INSTRUCTIONS FOR SECTION 13—CAUSES

a. DIRECT CAUSES—The direct cause is that single factor which most directly lead to the accident. See examples below.

b. INDIRECT CAUSES—Indirect causes are those factors which contributed to but did not directly initiate the occurrence of the accident.

Examples for section 13:

a. Employee was dismantling scaffold and fell 12 feet from unguarded opening.
Direct cause: failure to provide fall protection at elevation.
Indirect causes: failure to enforce USACE safety requirements; improper training/motivation of employee (possibility that employee was not knowledgeable of USACE fall protection requirements or was lax in his attitude towards safety); failure to ensure provision of positive fall protection whenever elevated; failure to address fall protection during scaffold dismantling in phase hazard analysis.

b. Private citizen had stopped his vehicle at intersection for red light when vehicle was struck in rear by USACE vehicle. (note USACE vehicle was in proper/safe working condition).
Direct cause: failure of USACE driver to maintain control of and stop USACE vehicle within safe distance.
Indirect cause: Failure of employee to pay attention to driving (defensive driving).

INSTRUCTIONS FOR SECTION 14—ACTION TO ELIMINATE CAUSE(S)

DESCRIPTION—Fully describe all the actions taken, anticipated, and recommended to eliminate the cause(s) and prevent reoccurrence of similar accidents/illnesses. Continue on blank sheets of paper if necessary to fully explain and attach to the completed report form.

INSTRUCTIONS FOR SECTION 15—DATES FOR ACTION

a. BEGIN DATE—Enter the date when the corrective action(s) identified in Section 14 will begin.

b. COMPLETE DATE—Enter the date when the corrective action(s) identified in Section 14 will be completed.

c. TITLE AND SIGNATURE—Enter the title and signature of supervisor completing the accident report. For a GOVERNMENT employee accident/illness the immediate supervisor will complete and sign the report. For PUBLIC accidents the USACE Project Manager/Area Engineer responsible for the USACE property where the accident happened shall complete and sign the report. For CONTRACTOR accidents the Contractor's project manager shall complete and sign the report and provide to the USACE supervisor responsible for oversight of that contractor activity. This USACE Supervisor shall also sign the report. Upon entering the information required in 15.d, 15.e and 15.f below, the responsible USACE supervisor shall forward the report for management review as indicated in Section 16.

d. DATE SIGNED—Enter the month, day, and year that the report was signed by the responsible supervisor.

e. ORGANIZATION NAME—For GOVERNMENT employee accidents enter the USACE organization name (Division, Branch, Section, etc.) of the injured employee. For PUBLIC accidents enter the USACE organization name for the person identified in block 15.c. For CONTRACTOR accidents enter the USACE organization name for the USACE office responsible for providing contract administration oversight.

f. OFFICE SYMBOL—Enter the latest complete USACE Office Symbol for the USACE organization identified in block 15.e.

INSTRUCTIONS FOR SECTION 16—MANAGEMENT REVIEW (1st)

1ST REVIEW—Each USACE FOA shall determine who will provide 1st management review. The responsible USACE supervisor in section 15.c shall forward the completed report to the USACE office designated as the 1st Reviewer by the FOA. Upon receipt, the Chief of the Office shall review the completed report, mark the appropriate box, provide substantive comments, sign, date, and forward to the FOA Staff Chief (2nd review) for review and comment.

INSTRUCTIONS FOR SECTION 17—MANAGEMENT REVIEW (2nd)

2ND REVIEW—The FOA Staff Chief (i.e., FOA Chief of Construction, Operations, Engineering, Planning, etc.) shall mark the appropriate box, review the completed report, provide substantive comments, sign, date, and return to the FOA Safety and Occupational Health Office.

INSTRUCTIONS FOR SECTION 18—SAFETY AND OCCUPATIONAL HEALTH REVIEW

3RD REVIEW—The FOA Safety and Occupational Health Office shall review the completed report, mark the appropriate box, ensure that any inadequacies, discrepancies, etc, are rectified by the responsible supervisor and management reviewers, provide substantive comments, sign, date and forward to the FOA Commander for review, comment, and signature.

INSTRUCTION FOR SECTION 19—COMMAND APPROVAL

4TH REVIEW—The FOA Commander shall (to include the person designated Acting Commander in his absence) review the completed report, comment if required, sign, date, and forward the report to the FOA Safety and Occupational Health Office. Signature authority shall not be delegated.

ATTACHMENT 2

Instructions For Completing ENG FORM 4025-R, Mar 95

A. Enter date the submittal is issued.

B. Enter the Transmittal Number under which the submittal was made.

The Transmittal Number shall have the following format:

A-B.C

Where: A is the specification section

B is a consecutive number where 1 would be the first transmittal under the given specification section, 2 would be the second transmittal, etc.

C is a consecutive number identifying resubmittals. Number 1 would be the first resubmittal, 2 the second, etc.

Examples of Transmittal Numbers under Specification Section 03300:

03300-1
03300-2
03300-1.1 (first resubmittal of 03300-1)
03300-3

C. Enter name and address of Corps of Engineers reviewing office.

D. Enter name and address of Contractor.

E. Enter contract number.

F. If this is the first submittal of information for this item number, check the box for "New Submittal". If not, check the box for "Resubmittal".

G. If the "Resubmittal" box is checked, enter the previous Transmittal No.

H. Enter the specification section that applies to this Transmittal Form. A separate Transmittal Form shall be used for submittals under separate sections of the specifications.

I. Enter name and location of project.

J. Indicate whether the submittal is "For Information Only (FIO)" or for "Government Approval (Gov't Approval)".

K. Enter the Item No. as identified on the Submittal Register.

L. Enter the Description of the item submitted as identified on the Submittal Register.

M. Enter information as necessary. When a sample of material or Manufacturer's Certificate of Compliance is transmitted, indicate "Sample" or "Certification.

N. Enter the number of copies of submittal data attached.

0. Enter the specification paragraph number as identified on the Submittal Register using the following format:

Spec. Section - Paragraph number

P. Enter information as necessary.

Q. Enter Contractor Action Code. See reverse side of ENG Form 4025 for applicable codes.

R. A check shall be placed in the "Variation" column when a submittal is not in accordance with the plans and specifications. Attach a written statement describing the variation.

S. Review code assigned by the Government reviewer.

T. Remarks from the Contractor or Government review comments. Government review comments may also be placed on a separate sheet of paper.

U. Signature of Contractor reviewer.

V. Number of enclosures being returned to the Contractor by the Government reviewer

W. Signature and title of Government approving authority.

X. Date of review by the Government.

Other: In submitting manufacturer's literature or similar information, the Contractor shall clearly identify the item proposed for use.

TRANSMITTAL OF SHOP DRAWINGS, EQUIPMENT DATA, MATERIAL SAMPLES, OR MANUFACTURER'S CERTIFICATES OF COMPLIANCE
(Read instructions on the reverse side prior to initiating this form)

DATE (A)

TRANSMITTAL NO. (B)

SECTION I - REQUEST FOR APPROVAL OF THE FOLLOWING ITEMS *(This section will be initiated by the contractor)*

TO: (C)

FROM: (D)

CONTRACT NO. (E)

CHECK ONE: (F)
☐ THIS IS A NEW TRANSMITTAL
☐ THIS IS A RESUBMITTAL OF TRANSMITTAL _____ (G)

SPECIFICATION SEC. NO. *(Cover only one section with each transmittal)* (H)

PROJECT TITLE AND LOCATION (I)

CHECK ONE: THIS TRANSMITTAL IS FOR ☐ FIO ☐ GOV'T. APPROVAL (J)

ITEM NO. a.	DESCRIPTION OF ITEM SUBMITTED *(Type size, model number/etc.)* b.	MFG OR CONTR. CAT., CURVE DRAWING OR BROCHURE NO. *(See instruction no. 8)* c.	NO. OF COPIES d.	CONTRACT REFERENCE DOCUMENT: SPEC. PARA. NO. e.	CONTRACT REFERENCE DOCUMENT: DRAWING SHEET NO. f.	FOR CONTRACTOR USE CODE g.	VARIATION *(See instruction No. 6)* h.	FOR CE USE CODE i.
(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)

REMARKS (T)

I certify that the above submitted items have been reviewed in detail and are correct and in strict conformance with the contract drawings and specifications except as other wise stated. (U)

NAME AND SIGNATURE OF CONTRACTOR

SECTION II - APPROVAL ACTION

ENCLOSURES RETURNED *(List by Item No.)* (V)

NAME, TITLE AND SIGNATURE OF APPROVING AUTHORITY (W)

DATE (X)

TRANSMITTAL OF SHOP DRAWINGS, EQUIPMENT DATA, MATERIAL SAMPLES, OR MANUFACTURER'S CERTIFICATES OF COMPLIANCE *(Read instructions on the reverse side prior to initiating this form)*	DATE	TRANSMITTAL NO.

SECTION I - REQUEST FOR APPROVAL OF THE FOLLOWING ITEMS *(This section will be initiated by the contractor)*

TO:	FROM:	CONTRACT NO.	CHECK ONE: ☐ THIS IS A NEW TRANSMITTAL ☐ THIS IS A RESUBMITTAL OF TRANSMITTAL _____
SPECIFICATION SEC. NO. *(Cover only one section with each transmittal)*	PROJECT TITLE AND LOCATION		CHECK ONE: THIS TRANSMITTAL IS FOR ☐ FIO ☐ GOV'T. APPROVAL

ITEM NO. *a.*	DESCRIPTION OF ITEM SUBMITTED *(Type size, model number/etc.)* *b.*	MFG OR CONTR. CAT., CURVE DRAWING OR BROCHURE NO. *(See Instruction no. 8)* *c.*	NO. OF COPIES *d.*	CONTRACT REFERENCE DOCUMENT		FOR CONTRACTOR USE CODE *g.*	VARIATION *(See Instruction No. 6)* *h.*	FOR CE USE CODE *i.*
				SPEC. PARA. NO. *e.*	DRAWING SHEET NO. *f.*			

REMARKS

I certify that the above submitted items have been reviewed in detail and are correct and in strict conformance with the contract drawings and specifications except as other wise stated.

_____

NAME AND SIGNATURE OF CONTRACTOR

SECTION II - APPROVAL ACTION

ENCLOSURES RETURNED *(List by Item No.)*	NAME, TITLE AND SIGNATURE OF APPROVING AUTHORITY	DATE

DEPARTMENT OF THE ARMY
U.S. Army Corps of Engineers
CEMP-CP Washington, D.C. 20314-1000

Regulation
No. 415-1-17 26 March 1993

Construction

CONTRACTOR PERFORMANCE EVALUATIONS

1. **Purpose.** This regulation establishes procedures for evaluating construction contractor performance.

2. **Applicability.** This regulation is applicable to all HQUSACE/OCE elements and Major Subordinate Commands (MSC) having responsibility for military and civil construction contracts.

3. **References.**

a. FAR 9.406

b. FAR 36.201

c. DFARS 236.201

d. EFARS 36.201

e. ER 15-1-29

f. ER 1180-1-6

4. **Procedures.**

a. It is USACE standard operating procedure that the Contracting Officer evaluate contractor's performance and prepare a performance report using the SF 1420, Performance Evaluation - Construction Contracts, for each construction contract of:

(1) $100,000 or more;

(2) $25,000 or more, if any element of performance is either unsatisfactory or outstanding;

(3) $10,000 or more, if the contract is terminated for default.

The above construction contract costs are based on the contract cost at the time of substantial completion or at the time of award, whichever is greater.

This regulation supercedes ER 415-7-1(FR), 3 July 1990

b. The final performance evaluation report shall be prepared within 60 days of substantial completion of the work, or at the time of contract termination.

c. An interim performance evaluation report shall be prepared for incomplete contracts when a contractor's performance is generally unsatisfactory for any element, for a period of three months or longer, or as appropriate.

d. Preaward Responsibility Determinations. Previous performance evaluations of construction contractors in the Construction Contractor Appraisal Support System (CCASS) must be used in making responsibility determinations. Before selecting qualified responsible contractors for future awards, the Contracting Officer must retrieve from the CCASS central data base all performance evaluations on file pertaining to the prospective awardees and make a determination of responsibility regarding the contractors' previous performance on DOD construction contracts. Particular attention should be given interim unsatisfactory evaluations, whenever a final evaluation is not yet available. A determination of nonresponsibility by the CO based on the CCASS files must also be entered into the CCASS system to preclude barring future awards as a result of multiple nonresponsibility determinations prior to formal suspension or debarment proceedings taking place.

5. Implementation.

a. The first step in evaluating contractor's performance is notifying the contractor at the preconstruction conference of the performance elements against which his performance will be evaluated. This notification is documented in the contract file. The contractor should be informed as to what constitutes satisfactory and unsatisfactory performance during the life of the contract, and that the Contracting Officer (CO) intends to use performance evaluations to document contract performance. Documentation to support the evaluation should be collected throughout the course of the contract.

b. Interim Performance Evaluation Reports

(1) An interim performance evaluation report must be initiated when a contractor's performance is unsatisfactory on one or more elements for a period of three months or longer, or when circumstances dictate as noted in paragraph b(3) below. The administrative contracting officer (ACO) or the contracting officer representative (COR) must be on the alert for indications of unsatisfactory performance. When unsatisfactory performance is noted, the contractor will be called into a conference to discuss problem areas and their resolution.

A Memorandum for Record (MFR) of the meeting will be prepared. The contractor will be advised that performance must improve within 30 days or within a reasonable period. During this period, the ACO/COR will closely monitor problem areas. If no material improvement is noted, a letter will be sent to the contractor as notification of intent to issue an interim unsatisfactory performance rating. The letter will address previous meetings and identify the facts on which the interim unsatisfactory rating is based. A copy of this correspondence will be forwarded to the contractor's bonding company. (NOTE: The Contracting Officer should be kept personally aware of the status of the contract.) It is mandatory that the contractor be given the opportunity to meet with the CO prior to issuance of the unsatisfactory rating.

(2) The contractor will be allowed at least 14 days to respond in writing to the notification letter. At the end of the specified time period, if there is no response or evidence of substantially improved performance, the interim unsatisfactory rating will be sent to the district's Construction Division for processing. Once again, the contractor's bonding company will be notified of the actions taken. If the contractor responds within the allotted time frame, all written comments will be included in the report. If not, a comment regarding the contractor's lack of response will be included in the evaluation. Should the contractor respond to the "letter of intent" within the allotted time frame, any written comments made by the contractor shall be included in the report and factual discrepancies alleged shall be discussed, resolved, if possible, and made a part of the report. Changes in the report may be made, if appropriate.

(3) As stated in paragraph 5b(1) above, the normal time frame for initiation of an interim unsatisfactory performance evaluation usually occurs after three months of unsatisfactory performance. However, in circumstances involving a critical feature of the work that the contractor must perform satisfactorily and does not, or if the project is of a short duration, an unsatisfactory rating for poor performance may be issued without waiting for the end of the three month evaluation period.

(4) Interim unsatisfactory ratings alert contractors of their shortcomings and serve as a valuable tool in energizing them to improve their performance, correct deficiencies, and avoid a final unsatisfactory rating. After the issuance of an interim unsatisfactory rating, the ACO/COR must continue to monitor the contractor's performance, and to document performance improvement, or vice versa, as the case may be. Documents should be in the form of memoranda of meetings,

"cure" letters to the contractor, quality assurance reports, photographs, etc. The ACO/COR will re-evaluate the interim unsatisfactory rating every three months until the contract is complete. The re-evaluation should include the reasons why it is in the Government's best interests to allow the contractor to continue performance of the contract. A new evaluation is not required if the unsatisfactory performance continues for additional periods, although the files should continue to be fully documented. However, should the contractor's performance on any performance evaluation element change, the original interim rating may be amended with a written addendum which reflects the changes. This written amendment must be forwarded to both the original contract file and also to the CCASS file.

c. Final Performance Evaluation Reports

(1) Within 60 days of substantial completion of the work (As defined in AMPRS data item 0435), an SF 1420 (Performance Evaluation Construction-Contracts) must be prepared and forwarded to the district. Final evaluation performance reports are processed in the same manner as described above, except that the 30-day review period stipulated is only applicable to interim unsatisfactory evaluation reports. The original performance evaluation report for each contract is retained by the district in the contract file for a minimum of six years after the date of the report. A copy of the report is transmitted to the NPD central data base system (CCASS) and is also retained for six years.

U.S. Army Engineer Division, North Pacific
ATTN: CENPD-CT
P.O. Box 2870
Portland, Oregon 97208-2870

Telephone: (503) 326-3459 or FTS 423-3459

The performance report and matters pertaining thereto are marked "For Official Use Only." The Resident engineer is usually the evaluating official who prepares the report. Each performance report shall be reviewed for accuracy and fairness by an individual having knowledge of the contractor's performance at a supervisory level above that of the evaluating official.

(2) If the evaluating official concludes that a contractor's overall performance was unsatisfactory, the contractor shall be advised in writing that a report of unsatisfactory performance is being prepared and the basis for the report. The contractor must be afforded the opportunity to submit written comments, which should be addressed and included in the report. There are no rigid rules governing the number of items on a performance

evaluation which must be unsatisfactory before an overall unsatisfactory rating is issued. Unsatisfactory performance on one or more of the elements to be rated, may be sufficient to justify an overall unsatisfactory rating. If an unsatisfactory rating is contemplated, the Office of Counsel should be involved in preparing and reviewing the necessary documentation. Final unsatisfactory ratings should not be a surprise to the contractor, since interim notification of the contractor's deficiencies should be fully documented during the course of the contract and it is mandatory that the contractor be given the opportunity to meet with the Contracting Officer prior to issuance of the unsatisfactory rating. However, an interim unsatisfactory report is not a prerequisite for issuing a final unsatisfactory rating. Further, the Contracting Officer must be satisfied that the justification and documentation supporting an unsatisfactory rating is adequate. Interim and final unsatisfactory performance evaluation reports prepared by the evaluating official must be signed by the Contracting Officer. The final performance evaluation report will supercede any previous interim reports. Final unsatisfactory ratings can be amended, if warranted, to reflect changes in the evaluation of performance elements caused by resolution of contractor claims or compliance with warranty requirements. Amendments to final unsatisfactory reports in the CCASS data base must be made in writing to CENPD; stating why an amendment to the rating is necessary, and which elements need to be changed.

(3) On job order contracts, a final performance evaluation report should be prepared at the conclusion of the entire contract.

d. Debarment. Following issuance of a final unsatisfactory performance evaluation report, the Contracting Officer shall promptly make a determination regarding the appropriateness of pursuing a debarment action against the contractor based on his record of unsatisfactory performance and previous CCASS performance evaluations. This written determination shall indicate the Contracting Officer's rationale for seeking or not seeking debarment based on guidance found in FAR 9.406. The HQUSACE Construction Contractor Performance Review Team (CCPRT), as noted in ER 15-1-29, may also recommend initiation of a debarment action against a contractor, which should also be pursued by the Contracting Officer. However, the above noted ER does not preclude the Contracting Officer from making an independent determination that debarment action is justified and should be pursued.

e. Outstanding Performance Ratings. When appropriate, contractors should be recognized for outstanding performance on projects. When submitting an outstanding rating, the evaluating

official will include a draft letter of appreciation to the contractor with a copy of the evaluation. The construction division project manager shall review the draft and have it typed in final form for the Contracting Officer's signature. Contractors with outstanding performance ratings should be considered for USACE recognition and Division awards.

f. Appeals. The contractor receiving a final unsatisfactory performance evaluation should be notified of their option to appeal the rating to one level above the Contracting Officer. The appeal must be made within 30 calendar days of receipt by the contractor of the unsatisfactory evaluation. The appeal must be a written request to the Contracting Officer stating the reasons why a further review of their performance evaluation is justified, and the circumstances which may cause the Government to revise its performance rating of the contractor. Unsatisfactory performance evaluations should not be entered into the CCASS system until the 30 day appeal rights expire or the appeal procedure is completed. Interim unsatisfactory performance evaluations cannot be appealed.

g. Subcontractor Performance Evaluations. Where a subcontractor is known to exert significant influence on or control progress through a special relationship with the prime contractor (as in the case of a subsidiary or an affiliated company), or by virtue of performing a significant portion of the contract, a performance evaluation will be prepared on the subcontractor, in addition to the evaluation report prepared on the prime contractor. Subcontractor evaluations are stored in the CCASS data base in the same manner as prime contractors.

h. Contractor Notice. A copy of each completed SF 1420 must be formally transmitted to the contractor, regardless of the rating. This action is especially important for contractors who are performing in an unsatisfactory manner. Unsatisfactory contractors should be given a copy of the performance evaluation report as soon as it has been processed and signed by the Contracting Officer. The fact that it is classified "FOUO" does not preclude sending the contractor a copy.

FOR THE COMMANDER:

WILLIAM D. BROWN
Colonel, Corps of Engineers
Chief of Staff

2 APPENDIXES:
APP A - Guidance for Documenting Contractor Performance Evaluations
APP B - CCASS

APPENDIX A

GUIDANCE FOR DOCUMENTING CONTRACTOR PERFORMANCE EVALUATIONS

1. There are several reasons why it is extremely important to document the performance of a construction contractor. The performance documentation can be used to establish in writing your case for possible future termination; to document possible justification for debarment; and also as a tool to prod the contractor to perform up to the contract standards. However, the question that continues to be asked is, "what constitutes adequate documentation for performance appraisals?" It is suggested that you ask yourself the following questions as a starting point when you evaluate a contractor's performance with respect to each rated element.

a. Quality of Work (Contractor Quality Control):

Quality of Work reflects the contractor's management of the quality control program, as well as the quality of the work which is placed. Questions which should be addressed are as follows: Has a quality product been provided? If not, specifically describe the deficiency in quality and the shortcomings in the contractor's quality control system responsible for it, for example:

- Inadequate control
- Failure to perform necessary testing
- Failure to implement 3-phase inspection process
- Inadequate or incomplete CQC documentation
- Failure to identify, and correct deficient work
- Inadequate reviews of materials and shop drawings
- Incorporation of unspecified materials

To back up any proposed unsatisfactory rating, Item 14 of the SF 1420 must contain detailed comments, based on back-up material and with specific instances of deficiencies, as appropriate.

b. Timely Performance:

- Is the contractor completing the construction activities in a timely manner? This includes administrative activities, as well as physical construction activities such as submittal

management, response to RFP's, etc.

- Did the contractor adequately schedule the work?

- Has the contractor met administrative milestone dates?

- Has the contractor met physical milestone dates specified by contract or agreed to in the project schedule?

- If the schedule has slipped through the contractor's fault or negligence, has he taken appropriate corrective action of his own volition?

- Has the contractor furnished updated project schedules on a timely basis?

c. Effectiveness of Management:

- Are the contractor's on-site and home office management personnel exhibiting the capacity to adequately plan, schedule, resource, organize and otherwise manage the work? If not, describe and relate to other rated elements.

- Is the contractor making a good faith effort to comply with its subcontracting plan?

d. Compliance with Safety Standards:

- Has the contractor implemented an effective safety program; one which minimizes/mitigates potential accidents?

- Has the contractor provided appropriate personnel protective equipment and associated necessary training?

- Has the contractor taken necessary corrective actions when safety deficiencies are noted or are violations only corrected after significant Government intervention?

e. Compliance with Labor Standards:

- Has the contractor complied with all required labor standards and provisions?

- Have necessary corrective actions been made without significant Government intervention?

- Are payroll records being submitted in a complete and timely manner?

- Is the contractor complying with affirmative action and EEO compliance requirements?

f. SF 1420 Preparation:

- The telephone number of the Resident Engineer/Area Engineer or evaluating official who prepares the report should be in the SF 1420.

- The contractor's Contractor Establishment Code (formerly referred to as the DUNS number) should be shown in block 2 of the SF 1420.

- A notation of Interim report, or Subcontractor should be clearly displayed at the top of the SF 1420, if applicable.

- The percentage of work accomplished by each subcontractor is also required information.

- The signature of the Resident Engineer or appropriate evaluating official designated by the Contracting Officer is required on each SF 1420.

g. Coordination with the Using Activity (Customer)

- It is recommended that the evaluating official solicit observations and written comments from the Using Activity (Customer) concerning the contractor's overall performance prior to finalizing the evaluation.

2. The above questions are not intended to be all inclusive, but should provide a point of departure to develop additional questions and responses which will result in the preparation of a well-documented performance evaluation. Also, the Office of Counsel should be brought into the process, as early as possible, if an unsatisfactory rating is expected, so that they can assist in reviewing and developing adequate documentation.

APPENDIX B

CONSTRUCTION CONTRACTOR APPRAISAL SUPPORT SYSTEM

1. The Construction Contractor Appraisal Support System (CCASS) is a centralized and automated data base containing performance evaluation information on DOD construction contractors. The SF 1420, Performance Evaluation - Construction Contracts is electronically transmitted to the CCASS central data base, which is maintained in Portland, Oregon in accordance with criteria in DFARS 236.201. It is recommended that preparation of the SF 1420 be completed using the CCASS PC Program, Version 4.0.

2. This software program has been designed to assist the construction field office in preparing the Standard Form 1420 and electronically distributing the forms to the district office and the centralized data base. This is a self-directed program which requires some knowledge of personal computers and telecommunication facilities. The user interface allows the entering of data to any block, in no specific order. The following information will be stored in the NPD CCASS data base:

a. All information on the front of the SF 1420 form.

b. The Contractor's Establishment Code (DUNS Number).

c. Whether the performance appraisal is Interim or Final.

d. Whether the contractor is a prime or a subcontractor.

e. Name and telephone number of the individual to contact who is most knowledgeable of the rated contractor concerning the performance appraisal. This information will enable CCASS users to contact the person having first-hand experience with the contractor's performance.

f. Whether the currency listed is foreign or U.S.

g. Whether the contract was terminated for Default or Convenience.

3. The PC program will store the information contained in the blocks reserved for Remarks on Outstanding/Unsatisfactory and will allow you to print a hard copy of the SF 1420 for use as the official record copy. However, the information in the remarks block will not be stored in the NPD data base.

4. Before the performance appraisal is transmitted to the NPD data base, the system performs a series of edit checks. Copies of the user guide, computer access information, the necessary software, and additional assistance on the operation of the system is available by contacting the CCASS data base manager.

U.S. Army Engineer Division, North Pacific
ATTN: CENPD-CT
P.O. Box 2870
Portland, OR 97208-2870

Telephone: (503) 326-3459
FTS: 423-3459

The use of signs to identify Corps managed or supervised design, construction, and rehabilitation projects—both for military and civil works is an important part of efforts to keep the public informed of Corps work. For this purpose, a construction project sign package has been adopted. This package consists of two signs; one for project identification and the other to show on-the-job safety performance of the contractor.

These two signs are to be displayed side by side and mounted for reading by passing viewers. Exact placement location will be designated by the contracting officer.

The panel sizes and graphic formats have been standardized for visual consistency throughout all Corps operations.

Panels are fabricated using HDO plywood with dimensional lumber uprights and bracing. The sign faces are non-reflective vinyl.

All legend sare to be die-cut or computer-cut in the sizes and typefaces specified and applied to the white panel backgorund following the graphic formats shown on pages 16.2-3. The Communications Red panel on the left side of the construction project sign with Corps signature (reverse version) is screen printed onto the white background.

A display of these two signs is shown on the following two pages. Mounting and fabrication details are provided on page 16.4.

Special applications or situations not covered in these guidelines should be referred to the District/Division sign coordinator.

Below are two samples of the construction project identification sign showing how this panel is adaptable for use to identify either military (top), or civil works projects (bottom). The graphic format for this 4' x 6' sign panel follows the legend guidelines and layout as specified below. The large 4' x 4' section of the panel on the right is to be white with black legend. The 2' x 4' section of the sign on the left with the full Corps signature (reverse version) is to be screen printed Communications Red on the white background.

This sign is to be placed with the Safety Performance Sign shown on the following page. Mounting and fabrication details are provided on page 16.4.

Special applications or situations not covered in these guidelines should be referred to the District/Division sign coordinator.

Legend Group 1: One- to two-line description of Corps relationship to project.
Color: White
Typeface: 1.25" Helvetica Regular
Maximum line length: 19"

Legend Group 2: Division or District Name (optional). Placed below 10.5" Reverse Signature (6" Castle).
Color: White
Typeface: 1.25" Helvetica Regular

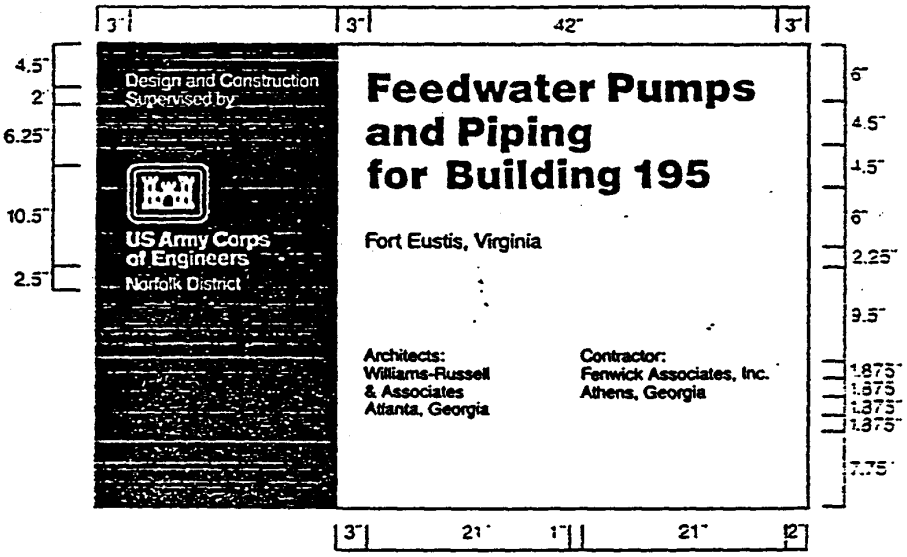
Legend Group 3: One- to three-line project title legend describes the work being done under this contract.
Color: Black
Typeface: 3" Helvetica Bold
Maximum line length: 42"

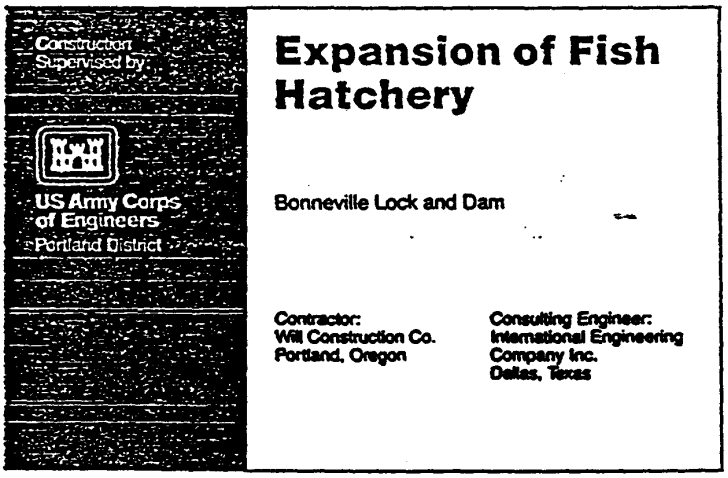
Legend Group 4: One- to two-line identification of project or facility (civil works) or name of sponsoring department (military).
Color: Black
Typeface: 1.5" Helvetica Regular
Maximum line length: 42"

Cross-align the first line of Legend Group 4 with the first line of the Corps Signature (US Army Corps) as shown.

Legend Groups 5a-b: One- to five-line identification of prime contractors including: type (architect, general contractor, etc.), corporate or firm name, city, state. Use of Legend Group 5 is optional.
Color: Black
Typeface: 1.25" Helvetica Regular
Maximum line length: 21"

All typography is flush left and rag right, upper and lower case with initial capitals only as shown. Letter- and word-spacing to follow Corps standards as specified in Appendix D.





Sign Type	Legend Size	Panel Size	Post Size	Specification Code	Mounting Height	Color Bkg/Lgd
CID-01	various	4" x 6"	4" x 4"	HDO-3	48"	WH-RD/BK

Each contractor's safety record is to be posted on Corps managed or supervised construction projectgs and mounted with the construction project identification sign specified on page 16.2.

The graphic format, color, size and typefaces used on the sign are to be reproduced exactly as specified below. The title with First Aid logo in the top section of the sign, and the performance record captions are standard for all signs of this type. Legend Groups 2 and 3 below identify the project and the contractor and are to be placed on the sign as shown.

Safety record numbers are mounted on individual metal plates and are screw-mounted to the background to allow for daily revisions to posted safety performance record.

Special applications or situations not covered in these guidelines should be referred to the District/Division sign coordinator.

Legend Group 1: Standard two-line title "Safety is a Job Requirement", with (8" od.) Safety Green First Aid logo. Color: To match PMS 347
Typeface: 3" Helvetica Bold
Color: Black

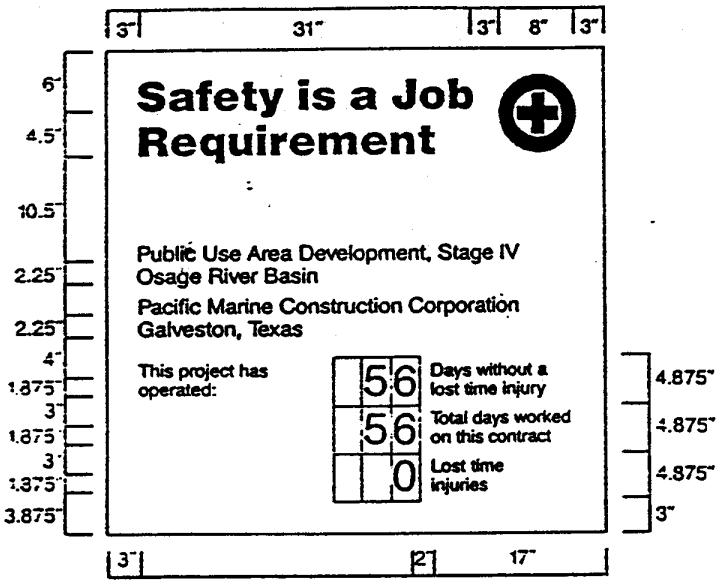
Legend Group 2: One- to two-line project title legend describes the work being done under this contract and name of host project.
Color: Black
Typeface: 1.5" Helvetica Regular
Maximum line length: 42"

Legend Group 3: One- to two-line identification: name of prime contractor and city, state address.
Color: Black
Typeface: 1.5" Helvetica Regular
Maximum line length: 42"

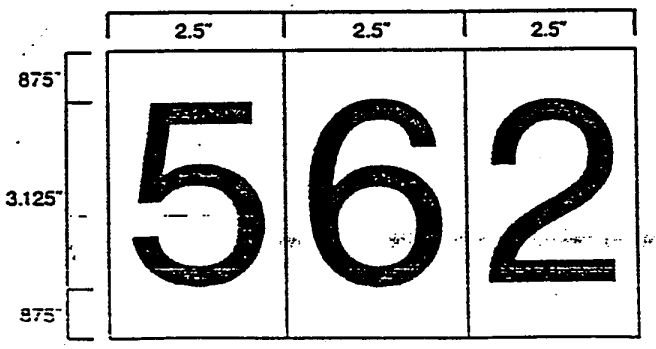
Legend Group 4: Standard safety record captions as shown.
Color: Black
Typeface: 1.25" Helvetica Regular

Replaceable numbers are to be mounted on white .060 aluminum plates and screw-mounted to background.
Color: Black
Typeface: 3" Helvetica Regular
Plate size: 2.5" x .5"

All typography is flush left and rag right, upper and lower case with initial capitals only as shown. Letter- and word-spacing to follow Corps standards as specified in Appendix D.



Sign Type	Legend Size	Panel Size	Post Size	Specification Code	Mounting Height	Color Bkg/Lgd
CID-02	various	4" x 4"	4" x 4"	HDO-3	48"	WH/BK-GR



All Construction Project Identification signs and Safety Performance signs are to be fabricated and installed as described below. The signs are to be erected at a location designated by the contracting officer and shall conform to the size, format, and typographic standards shown on pages 16.2-3. Detailed specifications for HDO plywood panel preparation are provided in Appendix B.

Shown below the mounting diagram is a panel layout grid with spaces provided for project information. Photocopy this page and use as a worksheet when preparing sign legend orders.

For additional information on the proper method to prepare sign panel graphics, contact the District sign coordinator.

The sign panels are to be fabricated from .75" High Density Overlay Plywood. Panel preparation to follow HDO specifications provided in Appendix B.

Sign graphics to be prepared on a white non-reflective vinyl film with positionable adhesive backing.

All graphics except for the Communications Red background with Corps signature on the project sign are to be die-cut or computer-cut non-reflective vinyl, pre-spaced legends prepared in the sizes and typefaces specified and applied to the background panel following the graphic formats shown on pages 16.2-3.

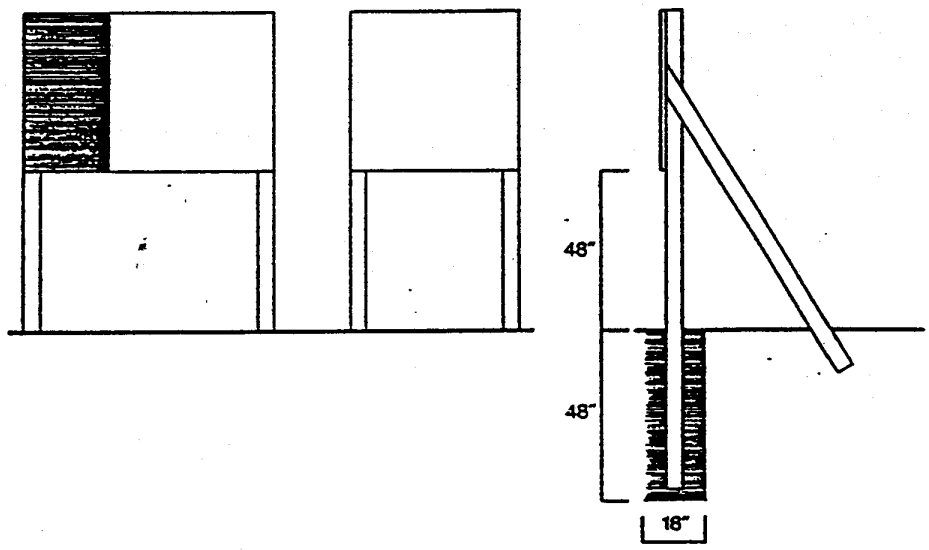
The 2' x 4' Communications Red panel (to match PMS-032) with full Corps signature (reverse version) is to be screen printed on the white background. Identification of the District or Division may be applied under the signature with white cut vinyl letters prepared to Corps standards. Large scale reproduction artwork for the signature is provided on page 4.8 (photographically enlarge from 6.875" to 10.5").

Drill and insert six (6) .375" T-nuts from the front face of the HDO sign panel. Position holes as shown. Flange of T-nut to be flush with sign face.

Apply graphic panel to prepared HDO plywood panel following manufacturers' instructions.

Sign uprights to be structural grade 4" x 4" treated Douglas Fir or Southern Yellow Pine, No.1 or better. Post to be 12' long. Drill six (6) .375" mounting holes in uprights to align with T-nuts in sign panel. Countersink (.5") back of hole to accept socket head cap screw (4" x .375").

Assemble sign panel and uprights. Imbed assembled sign panel and uprights in 4' hole. Local soil conditions and/or wind loading may require bolting additional 2" x 4" struts on inside face of uprights to reinforce installation as shown.



Construction Project Sign
Legend Group 1: Corps Relationship

1. _____
2. _____

Legend Group 2: Division/District Name

1. _____
2. _____

Legend Group 3: Project Title

1. _____
2. _____
3. _____

Legend Group 4: Facility Name

1. _____
2. _____

Legend Group 5a: Contractor/A&E

1. _____
2. _____
3. _____
4. _____
5. _____

Legend Group 5b: Contractor/A&E

1. _____
2. _____
3. _____
4. _____
5. _____

Safety Performance Sign
Legend Group 1: Project Title

1. _____
2. _____

Legend Group 2: Contractor/A&E

1. _____
2. _____

Contractor/Subcontractor:
Address:

Contract No.: _____

Project: _____

I hereby certify that during the period 1 October 19__ to 30 September 19__, _____ paid North Carolina State and Local Sales and Use Taxes aggregating $_____ (State) and $_____ (Local), with respect to building materials, supplies, fixtures, and equipment that have become a part of or annexed to a building or structure erected, altered, or repaired by _____ for the United States of America, and the vendors from whom the property was purchased, the dates and numbers of the invoices covering the purchases, the total amount of the invoices of each vendor, the North Carolina State and Local Sales and Use taxes paid on the property (shown separately), and the cost of the property withdrawn from warehouse stock and North Carolina State and Local Sales or use taxes paid thereon are as set forth in the attachments.

_____
(Signature)

_____
Authorized Company Officer (Title)

Name of Contractor/Subcontractor: _____

Contract Number: _____

Project: _____

Period Covered: 1 October 19 through 30 September 19

Vendor/Address	Date	Invoice No.	Invoice Amt.	State Tax	County Tax	County Tax Rate	Name of County

SAFETY CHECKLIST FOR PIPELINE & HOPPER DREDGES

Contract # and title:	
Contractor:	Subcontractor:
Plant Name:	Owner:
Superintendent:	Captain:
Engineer:	Number in crew:
Contract Inspector:	Date inspected:

Note: Safety and Health Requirements Manual (EM 385-1-1) in Parenthesis	Yes	No	N/A
1. Is a copy of the current USCG Form 835 available for plants regulated by USCG? (19.A.01)			
2. Is documentation of an accredited marine surveyor (SAMS or NAMS) available for non USCG inspected plants? (19.A.01)			
3. Are periodic inspections and test records of equipment, and machinery available as part of the official project file? (19.A.01)			
4. Do all officers and crew possess an appropriate USCG license or USACE license and certification? (19.A.02)			
5. Is there a severe weather plan that contains the following available? (19.A.03) a. A description of potential types of severe weather hazards and steps to guard against the hazards? b. The time frame for implementing the plan? c. The name and location of the safe harbor? d. The name of the vessels that will be used to move any non-self propelled plant, and their type, capacity, speed, and availability? e. River gage readings at which the dredge must be moved away from dams, river structures, etc. to safe areas?			

	Yes	No	N/A
6. Is the station bill conspicuously posted throughout the vessel? (19.A.04)			
7. Has each crewmember been given a written description of their emergency duties and are they familiar with them? (19.A.04)			
8. Have the following drills and tests been recorded in the station log? (19.A.04) a. Abandon ship drill? b. Fire drill? c. Man overboard drill? d. Pump shell or pipe rupture? e. Hull failure? f. Emergency power and lighting tests? g. Bimonthly emergency power generator tests? h. Bimonthly emergency lighting storage batteries tests?			
9. Are Material Safety Data Sheets (MSDS) for hazardous materials on board and available to all personnel? (06.B.01)			
10. Are employees trained to handle hazardous materials? (06.B.01)			
11. Are at least two employees on each shift certified in CPR and first aid? (03.A.02)			
12. Is there a first aid log at each first aid station? (01.D.04)			
13. Are first aid kits located in a readily accessible location and adequately stocked? (03.B.01 & .02)			
14. Is there an adequate supply of approved potable drinking water available? (02.A.01)			
15. Are outlets dispensing non-potable water clearly marked "Water Unfit For Drinking, Washing or Cooking"? (02.A.07)			
16. Are the proper numbers of toilets, washbasins and showers provided? (02.B.06 & .07)			

	Yes	No	N/A
17. Are water, soap, and a means of drying available? (02.C.02)			
18. Do all mess facilities meet the requirements of 02.D?			
19. Are ring buoys, lifelines and water lights in good condition and properly located? (05.I.03 & 05.I.04)			
20. Is the latest information published by the USCG regarding aids to navigation available on board the vessel? (19.A.11)			
21. Is the vessel equipped with: (19.A.05) a. Fenders? b. Axes or other emergency cutting equipment? c. An appropriate navigational signal device? d. General alarm system operated from primary electrical system with standby batteries on trickle charge? e. Easily accessible emergency controls that are adequately protected against accidental operation? f. Explosion-proof lights around gasoline and oil barges or other locations where a fire or explosive hazard exists? g. Interconnected emergency alarms? h. Smoke alarms in living quarters? i. Doors that open from both sides? j. Doors that can be secured in either open closed position? k. Clearly marked emergency exits? l. Emergency stops for prime movers operating a dredge pump? m. GFCI protection on grounded 120 or 240 volt systems in toilet/shower spaces, galley, machinery spaces, weather deck, exterior or near any sinks? n. Properly maintained and identified watertight compartments?			
22. Is protection provided against insects and vermin? (02.F.01)			

	Yes	No	N/A
23. Is a properly equipped life-saving skiff provided? (05.J)			
24. Are adequate means of communications and transportation provided to effectively care for disabled workers provided? Note: Name of doctor or clinic, address and telephone number should be on the job site. (03.A.01)			
25. Do fired and unfired pressure vessels have proper certificate of inspection? Annual if fired, every three years if unfired? (20.A.01 & 20.A 02)			
26. Fuel systems: (19.A.06) a. Are tanks or lines free of gauge glasses or try cocks? b. Do all fuel tanks have shutoff valves that can be operated outside the compartment in which the tank is located and outside the engine compartment and outside the house bulkheads at or above the weather deck? c. Is there a shut off valve at the engine end of the fuel lines that are 6 feet or more in length and can it be operated from outside the house bulkheads at or above the weather deck? Overboard discharge? d. Are all carburetors on gasoline engines equipped with a backfire trap or flame arrestor? e. Are all carburetors (except downdraft type) equipped with a drip pan, with flame screen, which is continuously emptied by suction from the intake manifold or if permitted by the overboard discharge? f. Are fuel storage tanks diked or curbed IAW NAVFAC DM-22? If not are portable tanks used IAW USCG requirements in 46CFR Parts 64 and 98.3?			
27. Are cables which cross the waterways between floating plants or between plant and mooring marked? (19.A.07)			
28. Is there a fire and emergency warning system (or an established fire watch) on all vessels where people are quartered? (19.A.07)			

	Yes	No	N/A
29. Are all floors, decks, and bilges free of accumulation of fuel and grease? (19.A.07)			
30. Are there holdbacks or rings available to secure equipment during rough weather? (19.A.07)			
31. Are all deck openings, elevated surfaces, and similar locations provided with guardrails, bulwarks, or taut cable guardlines that are in good condition? (19.A.07)			
32. Are all rotating machinery, hot pipes, and moving cables guarded against accidental contact? (16.B.03)			
33. Is proper access provided for greasing sheaves on spuds, booms, and ladders? (16.B.03d)			
34. Are personal fall arrest systems and ladder climbing safety devices provided for the greasing of spud sheaves and changing spud pins? (21.C)			
35. Are hazardous energy control procedures available to insure that machinery will not be operated while greasing or making repairs? (12.A.01 & 16.A.08)			
36. Are decks free of tripping hazards or adequately marked in yellow? (19.A.07)			
37. Is all deck cargo carried on placed on dunnage? (19.A.07)			
38. Are all pieces of floating plants operating as one unit securely fastened together with no openings (or with guarded openings)? (19.A.07)			
39. Is there a list of confined spaces available? (19.A.08)			
40. Are all permitted required confined spaces labeled? (19.A.08			
41. Are engine spaces housing internal combustion engines having electric spark ignition systems equipped with exhaust fans? (19.A.10)			

	Yes	No	N/A
42. Are all machinery spaces and non-diesel fuel tanks compartments equipped with at least 2 ventilators, fitted with fans? (19.A.10)			
43. Are the following spaces provided with an adequate natural ventilation system? (19.A.10) a. Spaces containing a portable fuel tank? b. Living spaces or galley? c. Other compartment spaces?			
44. Do vent intakes extend to within 1 foot of the bottom of the compartment? (19.A.10)			
45. Is suitable eye protection provided at battery charging stations? (05.B.01 & .05)			
46. Are eye wash stations provided at battery charging stations? (6.B.02)			
47. Are flammable items such as paint and thinners properly stored? (9.B)			
48. Are gasoline and other flammable liquids properly stored, dispensed, and handled? (09.B.01-.30)			
49. Are acetylene, oxygen, and other compressed gas cylinders and equipment properly stored, used, and handled? (20.D.03)			
50. Is fire-fighting equipment provided and installed in accordance with USCG Regulations? (09.G.01) Type Capacity Location Extinguishers Pumps Hydrants Hoses			

SAFETY CHECKLIST FOR LAUNCHES, MOTORBOATS AND SKIFFS

Contract # and title:	
Contractor:	Subcontractor:
Name of equipment:	Superintendent:

	Yes	No	N/A
1. Is a qualified crew person assigned to assist with deck duties under the following circumstances: (19.C.01) a. when extended trips(more than 2 hours) are made from the work site? b. when conditions of navigation make it hazardous for an operator to leave the wheel while underway? c. when operation other than tying-in require the handling of lines? d. when operating at night or in inclement weather? e. when towing?			
2. Are all motorboats, launches and skiffs posted with the number of passengers and weight they can carry? (19.C.02)			
3. Is there a PFD available for each passenger and crew member? (19.C.02)			
4. Do all launches and motorboats that are less than 26 feet in length have at least one 1A-10B:C fire extinguisher on board? (19.C.03)			
5. Do all launches and motorboats that are 26 feet or more in length have at least 2 1A-10B:C fire extinguishers on board? (19.C.03)			

	Yes	No	N/A
6. Do all launches and motorboats that have gasoline or liquid petroleum gas power plants or equipment in cabins, compartments, or confined spaces have built-in automatic CO2 or other equally effective type of fire extinguishing system? (19.C.03)			
7. Remarks: (Enter actions taken for "no" answers.)			
Contractor inspector signature			
Contractor QC/safety officer/project manager signature			

SAFETY CHECKLIST FOR TUGS AND TENDERS

Contract # and title:	
Contractor:	Subcontractor:
Plant Name:	Owner:
Superintendent:	Captain:
Engineer:	Number in crew:
Contract Inspector:	Date inspected:

Note: Safety and Health Requirements Manual (EM 385-1-1) in Parenthesis	Yes	No	N/A
1. Is a copy of the current USCG Form 835 available for plants regulated by USCG? (19.A.01)			
2. Is documentation of an accredited marine surveyor (SAMS or NAMS) available for non USCG inspected plants? (19.A.01)			
3. Are periodic inspections and test records of equipment, and machinery available as part of the official project file? (19.A.01)			
4. Do all officers and crew possess an appropriate USCG license or USACE license and certification? (19.A.02)			
5. Is a qualified crew person assigned to assist with deck duties under the following circumstances (19.C.01): a. When extended trips (more than 2 hours) are made from the work site. b. When conditions of navigation make it hazardous for an operator to leave the wheel while underway. c. When operations other than tying-in require the handling of lines. d. When operating at night or in inclement weather. e. When towing.			

	Yes	No	N/A
6. Is the station bill conspicuously posted throughout the vessel? (19.A.04)			
7. Has each crewmember been given a written description of their emergency duties and are they familiar with them? (19.A.04)			
8. Have the following drills and tests been recorded in the station log? (19.A.04) a. Abandon ship drill? b. Fire drill? c. Man overboard drill? d. Pump shell or pipe rupture? e. Hull failure? f. Emergency power and lighting tests? g. Bimonthly emergency power generator tests? h. Bimonthly emergency lighting storage batteries tests?			
9. Are Material Safety Data Sheets (MSDS) for hazardous materials on board and available to all personnel? (06.B.01)			
10. Are employees trained to handle hazardous materials? (06.B.01)			
11. Are at least two members of the crew on each watch certified in first-aid and CPR? (03.A.02)			
12. Are first aid kits located in a readily accessible location and adequately stocked? (03.B.01 & .02)			
13. Is there an adequate supply of approved potable drinking water available? (02.A.01)			
14. Are outlets dispensing non-potable water clearly marked ▒ Water Unfit For Drinking, Washing or Cooking▒ ?(02.A.07)			
15. Are the proper numbers of toilets, washbasins and showers provided? (02.B.06 & .07)			
16. Are water, soap, and a means of drying available? (02.C.02)			

	Yes	No	N/A
17. Are ring buoys, lifelines and water lights in good condition and properly located? (05.I.03 & 05.I.04)			
18. Is the latest information published by the USCG regarding aids to navigation available on board the vessel (vessels 26 ft or more in length)? (19.A.11)			
19. Is the vessel equipped with: (19.A.05) a. Fenders? b. Axes or other emergency cutting equipment? c. An appropriate navigational signal device? d. General alarm system operated from primary electrical system with standby batteries on trickle charge? e. Easily accessible emergency controls that are adequately protected against accidental operation? f. Explosion-proof lights around gasoline and oil barges or other locations where a fire or explosive hazard exists? g. Interconnected emergency alarms? h. Smoke alarms in living quarters? i. Doors that open from both sides? j. Doors that can be secured in either open closed position? k. Clearly marked emergency exits? l. GFCI protection on grounded 120 or 240 volt systems in toilet/shower spaces, galley, machinery spaces, weather deck, exterior or near any sinks? m. Properly maintained and identified watertight compartments?			
20. Is protection provided against insects and vermin? (02.F.01)			
21. Is a properly equipped life-saving skiff provided? (05.J)			

	Yes	No	N/A
22. Fuel systems: (19.A.06) a. Are tanks or lines free of gauge glasses or try cocks? b. Do all fuel tanks have shutoff valves that can be operated outside the compartment in which the tank is located and outside the engine compartment and outside the house bulkheads at or above the weather deck? c. Is there a shut off valve at the engine end of the fuel lines that are 6 feet or more in length and can it be operated from outside the house bulkheads at or above the weather deck? Overboard discharge? d. Are all carburetors on gasoline engines equipped with a backfire trap or flame arrestor? e. Are all carburetors (except downdraft type) equipped with a drip pan, with flame screen, which is continuously emptied by suction from the intake manifold or if permitted by the overboard discharge? f. Are fuel storage tanks diked or curbed IAW NAVFAC DM-22? If not are portable tanks used IAW USCG requirements in 46CFR Parts 64 and 98.3? g. Are fuel fill pipe connections located outside the engine room?			
23. Is there a fire and emergency warning system (or an established fire watch) on all vessels where people are quartered? (19.A.07)			
24. Are all floors, decks, and bilges free of accumulation of fuel and grease? (19.A.07)			
25. Are all deck openings, elevated surfaces, and similar locations provided with guardrails, bulwarks, or taut cable guardlines that are in good condition? (19.A.07)			
26. Are all rotating machinery, hot pipes, and moving cables guarded against accidental contact? (16.B.03)			
27. Are hazardous energy control procedures available to insure that machinery will not be operated while greasing or making repairs? (12.A.01 & 16.A.08)			

	Yes	No	N/A
28. Are decks free of tripping hazards or adequately marked in yellow? (19.A.07)			
29. Are non-slip surfaces provided on ship's ladders, decks and walks? (19.B.01.b)			
30. Is there a list of confined spaces available? (19.A.08)			
31. Are all permitted required confined spaces labeled? (19.A.08)			
32. Are explosion-proof exhaust fans provided to ventilate engine spaces and bilges when gasoline or L.P gas is used? (19.A.10)			
33. Are all machinery spaces and non-diesel fuel tanks compartments equipped with at least 2 ventilators, fitted with fans? (19.A.10)			
34. Are the following spaces provided with an adequate natural ventilation system? (19.A.10) a. Spaces containing a portable fuel tank? b. Living spaces or galley? c. Other compartment spaces?			
35. Do vent intakes extend to within 1 foot of the bottom of the compartment? (19.A.10)			
36. Is suitable eye protection provided at battery charging stations? (05.B.01 & .05)			
37. Are eye wash stations provided at battery charging stations? (6.B.02)			
38. Are flammable items such as paint and thinners properly stored? (9.B)			
39. Are gasoline and other flammable liquids properly stored, dispensed, and handled? (09.B.01-.30)			
40. Are acetylene, oxygen, and other compressed gas cylinders and equipment properly stored, used, and handled? (20.D.03)			

	Yes	No	N/A
41. Is fire-fighting equipment provided and installed in accordance with USCG Regulations? (09.G.01) Type Capacity Location Extinguishers Pumps Hydrants Hoses			
42. Does all electrical wiring meet requirements of USCG-259, the National Electrical Safety Code and the National Electric Code? (11.A.01)			
43. Are switch and transformer banks adequately protected and marked to keep unauthorized personnel out of the danger area? (11.A.02)			
44. Are portable electric tools grounded by a multiconductor cord with an identified conductor and a multicontact polarized plug-in receptacle? (11.C.01)			
45. Are ground fault circuit interrupters provided in locations where portable tools could be used? (11.C.05)			
46. Are flexible cords protected in work area, appropriately secured or suspended and are they used for appropriate usage. (11.A.03 and Table 11-1)			
47. Are portable electric tools inspected and tested? (13.A.02)			
48. Are grab bars provided at points of access, except where railings are present? (19.B.01)			
49. Is there a safe means for boarding or leaving the vessel? (19.B.02)			

	Yes	No	N/A
50. Is there a stairway, ladder, ramp, gangway, or personnel hoist provided at all personnel points of access with breaks of 19▒ or more in elevation? (19.B.02)			
51. Are stairs or permanent inclined ladders provided for vertical access between decks? (9.B.03)			
52. Is there at least 2 feet of clearance on outboard edges used for passageways? (19.B.3)			
53. Is the vessel equipped with at least one portable or permanent ladder with which to rescue a person in the water? (19.B.04)			
54. Are there at least 2 means of escape from all assembly, sleeping and messing areas on the plant? (19.B.04)			
55. Are all means of access maintained safe and functional? (19.B.04)			
56. Is there a list of qualified operators?			
57. Do all mooring and towing bollards/cleats have base plates?			
56. Remarks: (Enter actions taken for "no" answers.)			
Contractor Inspector Signature			
Contractor QC/Safety Officer/Project Manager Signature			

SAFETY CHECKLIST FOR FUEL BARGES

Contract # and title:	
Contractor:	Subcontractor:
Plant Name:	Owner:
Superintendent:	Captain:
Engineer:	Number in crew:
Contract Inspector:	Date inspected:

Note: Safety and Health Requirements Manual (EM 385-1-1) in Parenthesis	Yes	No	N/A
1. Is the Coast Guard Certificate of Inspection and all current inspections available? (19.A.01.a)			
2. Is the required number of ring buoys and water lights provided? (05.I.03)			
3. Are all sources of ignition prohibited and adequate "No Smoking or Open Flame" signs provided? (09.A.05)			
3. Is the proper number and type of fire extinguishers provided? (19.A.06.h, 46 CFR 34.05, 34.10)			
4. Are moving parts, and hot pipes, guarded or insulated to prevent injury or fire? (16.B.03)			
5. Are fuel valves located so that they are readily accessible in an emergency and protected against accidental operation? (19.A.05.d)			
6. Is explosion-proof lighting provided? (19.A.05.e)			
7. Are carburetors on gasoline engines equipped with flame arresters? (19.A.06.e)			

	Yes	No	N/A
8. Are carburetors, except down draft type, provided with a drip pan, with flame screen, that are continuously emptied by suction from the intake manifold or by a waste tank? (19.A.06.f)			
9. Is lighting sufficient on a horizontal plane 3 feet above the barge deck or walking surface? (0.7.A, 19.A.06.h, 33 CFR 154.570) a. 5.0 foot candles at transfer connection points. b. 5.0 foot candles in transfer operations work areas.			
10. Is a licensed tankerman or officer used for fuel dispensing? (19.A.06.h, 33 CFR 154.710, 730)			
11. Is an operations manual or written transfer procedures available? (19.A.06.h, 33 CFR 156.120(t), (u2)			
12. Is there a means for emergency shutdown? (19.A.06.h, 33 CFR 156.120(r))			
13. Are fuel tanks and holds provided with gooseneck vents with flame screens? (19.A.06.h, 46 CFR 32.55-20/25)			
14. Discharge containment equipment is readily accessible? (19.A.06.h, 33 CFR 156.120(m))			
15. Are dispensing nozzles equipped with an automatic-closing valve without a latch-open device? (9.B.21.a)			
16. Are holdbacks or rings provided to secure loose equipment during rough weather? (19.A.07.h)			
17. Are guardrails or tight cable guardlines provided where persons may fall? (19.A.07.h)			
18. Is all deck cargo placed on dunnage? (19.A.07.j)			

	Yes	No	N/A
19. Is a list of all confined spaces maintained at the worksite and are all permit-required confined spaces labeled? (19.A.08.a,b)			
20. Are all floors and decks free of an accumulation of fuel and grease? (19.A.07)			
21. Are all deck openings, elevated surfaces, and similar locations provided with guardrails, bulwarks, or taut cables guardlines that are in good conditions? (19.A.07)			
22. Are decks free of tripping hazards or adequately marked in yellow? (19.A.07)			
23. Are non-slip surfaces provided on decks, ladders, and walks? (19.B.01.b)			
24. Is there a safe means for boarding or leaving the vessel? (19.B.02)			
25. Remarks (actions to be taken for all no answers):			
Contractor Inspector Signature			
Contractor QC/safety Officer/Project Manager Signature			

SAFETY CHECKLIST FOR DERRICK BARGES

Contract # and title:	
Contractor:	Subcontractor:
Plant Name:	Owner:
Superintendent:	Captain:
Engineer:	Number in crew:
Contract Inspector:	Date inspected:

Note: Safety and Health Requirements Manual (EM 385-1-1) in Parenthesis	Yes	No	N/A
1. Is documentation of an accredited marine surveyor (SAMS or NAMS) available for non USCG inspected plants? (19.A.01)			
2. Are periodic inspections and test records of equipment, and machinery available as part of the official project file? (19.A.01)			
3. Are ring buoys, lifelines and water lights in good condition and properly located? (05.I.03 & 05.I.04)			
4. Is the vessel equipped with: (19.A.05) a. Fenders? b. Axes or other emergency cutting equipment?			
5. Are all floors, decks, and bilges free of accumulation of fuel and grease? (19.A.07)			
6. Are there holdbacks or rings available to secure equipment during rough weather? (19.A.07)			
7. Are all rotating, reciprocating or moving parts of equipment (including cables) guarded to prevent accidental contact? (16.B.03.a)			
8. Are hazardous energy control procedures available to ensure that machinery will not be operated while greasing or making repairs? (12.A.01 & 16.A.08)			

	Yes	No	N/A
9. Are decks free of tripping hazards or adequately marked in yellow? (19.A.07)			
10. Is there a list of confined spaces available? (19.A.08)			
11. Are all permit-required confined spaces labeled? (19.A.08)			
12. Is fire-fighting equipment provided and installed in accordance with USCG Regulations? (09.G.01) Type Capacity Location Extinguishers			
13. Are acetylene, oxygen, and other compressed gas cylinders and equipment properly stored, used, and handled? (20.D.03)			
14. Are all means of access properly secured, guarded and free of slipping and tripping hazards? (19.B.01)			
15. Are all working decks, stair treads, ship's ladders, and walkways provided with non-slip surfaces? (19.B.01)			
16. Are grab bars provided at points of access? (19.B.01)			
17. Is there a safe means for boarding or leaving the vessel? (19.B.02)			
18. Is there at least 2 feet of clearance on outboard edges used for passageways? (19.B.3)			
19. Has all defective riggings as specified in Appendix F been removed from service? (15.A.01.b)			
20. Is the wire rope being wrapped around the load? (15.A.02)			
21. Are running lines located within 6'6" of the working service level guarded? (15.A.03)			

	Yes	No	N/A
22. When hoisting loads, is a positive latching device used? (15.A.05)			
23. Have hooks, shackles, rings, pads, etc showing excessive wear or been bent, twisted, or damaged been removed from service? (15.A.06)			
24. Are drums, sheaves, and pulleys smooth and free of surface defects? (15.F.01)			
25. Have all damaged drums, sheaves and pulleys been removed from service? (15F.04)			
26. Do all drums have sufficient rope capacity? (15.F.08)			
27. Are the sheaves compatible with the size of the rope used? (15.F.09)			
28. Are sheaves properly aligned, lubricated, and in good condition? (15.F.09)			
29. Are winches and sheaves equipped with cable-keepers? (15.F.09)			
30. Does the operator have certification that he meets operator qualification and training? (16.C.04, 05 and Appendix G)			
31. Has a physician certified the operator to be physically qualified to perform work? (16.C.05)			
32. Is there a list of qualified operators?			
33. Remarks (actions to be taken for all "no" answers.)			
Contractor Inspector Signature			
Contractor QC/Safety Officer/Project Manager Signature			

SAFETY CHECKLIST FOR CRAWLER, TRUCK & WHEEL MOUNTED CRANES

Contract # and title:	
Equipment name & number: owned or leased?	
Contractor:	Subcontractor:
Contract Inspector:	Date inspected:

	Yes	No	N/A
1. Unless the manufacture has specified an on-rubber rating, outriggers will be fully extended and down? (16.D.10)			
2. Are lattice boom cranes equipped with a boom angle indicator, load indicating device, or a load moment indicator? (16.D.01)			
3. Are lattice boom and hydraulic cranes equipped with a means for the operator to visually determine levelness? (16.D.02)			
4. Are lattice boom and hydraulic cranes, except articulating booms cranes, equipped with drum rotation indicators located for use for the operator? (16.D.03)			
5. Are lattice boom and hydraulic mobile cranes equipped with a boom angle or radius indicator within the operator's view? (16.D.04)			
6. Are lattice boom cranes, with exception of duty cycle cranes, equipped with an anti-two blocking device? (16.D.05)			
7. When duty cycle machines are required to make a non-duty lift, is the crane equipped with an international orange warning device and is a signal person present? (16.D 05)			
8. Are the following with the crane at all times: (16.C.02) a. the manufacturer's operating manual? b. the load rating chart? c. the crane's log book documenting use, maintenance, inspections and tests? d. operating manual for crane operator aids used on the crane.			

	Yes	No	N/A
9. Are the following on the project site: a. completed periodic inspection report prior to initial work? (16.C.12) b. pre-operational checklist used for daily inspection? (16.C.12) c. written reports of the operational performance test? (16.C.13) d. written reports of the load performance test? (16.C.13)			
10. Are all operators physically qualified to perform work? (16.C.05)			
11. Are all operators qualified by written and practical exam or by appropriate licensing agency for the type crane they are to operate? (16.C.05)			
12. Is the crane designed and constructed IAW the standards listed in Table 16-1? (16.C.06)			
13. Is a hazard analysis for set-up and set-down available? (16.C.08)			
14. Are accessible areas within the swing radius of the rear of the crane barricaded? (16.C.09)			
15. Are there at least 3 wraps of cable on the drum? (16.C.10)			
16. Are the hoisting ropes installed IAW the manufacturer's recommendations? (16.C.10)			
17. Are critical lift plans available? (16.C.18)			
18. Are minimum clearance distance for high voltage lines posted at the operator's position? (11.E.04)			
19. Do older lattice boom cranes with anti-two block warning devices in lieu of anti-two block prevention devices have a written exemption? (16.D.05)			
20. Is the slow moving emblem used on all vehicles which by design move at 25 MPH or less on public roads? (08.A.04)			
21. Are all vehicles which will be parked or moving slower than normal traffic on haul roads equipped with a yellow flashing light or flasher visible from all directions? (16.A.13)			

	Yes	No	N/A
22. Is all equipment to be operated on public roads provided with: (16A.07) a. headlights? b. brake lights? c. taillights? d. back-up lights? e. front and rear turn signals?			
23. Are seat and seat belts provided for the operator and each rider on equipment? (16.A.07 and 16.B.08)			
24. Is all equipment with windshields equipped with powered wipers and defogging or defrosting devices? (16.A.07)			
25. Is the glass in the windshield or other windows clear and unbroken to provide adequate protection and visiblity for the operator? (16.A.07, 16.B.10)			
26. Is all equipment equipped with adequate service brake system and emergency brake system? (16.A.18)			
27. Are areas on equipment where employees walk or climb equipped with platforms, footwalks, steps, handholds, guardrails, toeboards and non-slip surfaces? (16.B.03)			
28. Is all self propelled equipment equipped with automatic, audible, reverse signal alarms? (16.B.01)			
29. Is there a record of manufacturer's approval of any modification of equipment which affects its capacity or safe operation? (16.A.18)			
30. Are truck and crawler cranes attached to a barge or pontoon by a slack tiedown system? (16.F.06)			
31. Have the following conditions been met for land cranes mounted on barges or pontoons: (16.F.04) a. Have load ratings been modified to reflect the increased loading from list, trim, wave, and wind action? b. Are all deck surfaces above the water? c. Is the entire bottom area of the barge or pontoon submerged? d. Are tie downs available? e. Are cranes blocked and secured?			
32. Are all belts, gears, shafts, spindles, drums, flywheels, or other rotating parts of equipment guarded where is a potential for exposure to workers? (16.B.03)			

	Yes	No	N/A
33. Is the area where the crane is to work level, firm and secured? (16.A.10)			
34. Is a dry chemical or carbon dioxide fire extinguisher rated at least 5-B:C on the crane? (16.A.26)			
35. Are trucks, for truck mounted cranes, equipped with a working reverse signal alarm? (16.B.01)			
36. Is a signal person provided where there is danger from swinging loads, buckets, booms, etc.? (16.B.13)			
37. Is there adequate clearance from overhead structures and electrical sources for the crane to be operated safely? (16.C.09)			
38. Is there adequate lighting for night operations? (16.C.19)			
39. Has the the boom stop test on cable-supported booms been performed? (16.D.06)			
40. Is the boom disenaging device functioning as required? (16.D.06)			
41. Has all rigging and wire rope been inspected? (Section 15)			
Remarks:(Enter actions taken for all "no" answers.)			
Contractor inspector signature			
Contractor QC/safety officer/project manager signature			

SAFETY CHECKLIST FOR PORTAL, TOWER, AND PILLAR CRANES

Contract # and Title:	
Equipment name & number: owned or leased?	
Contractor:	Subcontractor:
Contract Inspector:	Date Inspected:

	Yes	No	N/A
1. Are the following available: (16.E.02) a. written erection instructions? b. listing of the weight of each component? c. an activity hazard analysis for the erection? d. does the activity hazard analysis contain (1.) location of crane and adjacent structures? (2.) foundation design and construction requirements? (3.) clearance and bracing requirements?			
2. Is there a boom angle indicator within the operator's view? (16.E.04)			
3. Are luffing jib cranes equipped with: (16.E.05) a. shock absorbing jib stops? b. jib hoist limit switch? c. jib angle indicator visible to operator?			
4. If used, do rail clamps have slack between the point of attachment to the rail and the end fastened to the crane? (16E.06)			
5. Are the following with the crane at all times: (16.C.02) a. the manufacturer's operating manual? b. the load rating chart? c. the crane's log book documenting use, maintenance, inspections and tests? d. the operating manual for crane operational aids used on the crane?			

	Yes	No	N/A
6. Are the following on the project site: a. completed periodic inspection report prior to initial work? (16.C.12) b. pre-operational checklist used for daily inspections? (16.C.12) c. written reports of the operational performance tests? (16.C.13) d. written reports of the load performance tests? (16.C.13)			
7. Is every crane operator certified by a physician to be physically qualified to perform work? (16.C.05)			
8. Are all operators qualified by written and practical exam or by appropriate licensing agency for the type crane they are to operate? (16.C.05)			
9. Is the crane designed and constructed IAW the standards listed in Table 16-1? (16.C.05)			
10. Is a hazard analysis for set-up and set-down available? (16.C.08)			
11. Are there at least 3 wraps of cable on the drum? (16.C.10)			
12. Are the hoisting ropes installed IAW the manufacturer's recommendations? (16.C.10)			
13. Is the a record of manufacturer's approval of any modification of equipment which affects its capacity or safe operation? (16.A.07)			
5. Remarks: (Enter actions taken)			
Contractor inspector signature			
Contractor QC/safety officer/project manager signature			

SAFETY CHECKLIST FOR RIGGING

Contract # and title:				
Equipment name & number: owned or leased?				
Contractor	Subcontractor:			
Contractor inspector:	Date inspected:			
		Yes	No	N/A
1. Has all defective rigging been removed? (15.A.01)				
2. Is rigging stored properly? (15.A.01)				
3. Are running lines within 6.5' of the ground or working level guarded? (15.A.03)				
4. Are all eye splices made in an approved manner with rope thimbles? (sling eyes excepted) (15.A.04)				
5. Are positive latching devices used to secure loads? (15.A.05)				
6. Are all custom lifting accessories marked to indicate their safe working loads? (15A.07)				
7. Are all custom designed lifting accessories proof-tested to 125% of their rated load? (15.A.07)				
8. Are the following conditions met for wire rope: (15.B.01-09) a. Are they free of rust or broken wires? b. Are defective ropes cut up or marked as unusable? c. Do rope clips attached with U-bolts have the U-bolts on the dead end or short end of the rope? d. Are protruding ends of strands in splices on slings and bridles covered or blunted? e. Except for eye splices in the end of wires and for all endless wire rope slings, are all wire ropes used in hoisting, lowering, or pulling loads one continuous piece, free of knots or splices?				

	Yes	No	N/A
f. Do all eye splices have at least 5 full tucks? g. If used, are wedge sockets fastening attached without attached the dead end of the wire rope to the live rope? h. Are they free of eyes or splices formed by wire rope clips or knots?			
9. Are the following conditions met for chain? (15.C.01-04) a. Are all chains alloyed? b. Do all coupling links or other attachments have rated capacities at least equal to that of the chain. c. Are makeshift fasteners restricted from use?			
10. Are the following conditions met for fiber rope:(15.D.01-07) a. Are all ropes protected from freezing, excessive heat or corrosive materials? b. Are all ropes protected from abrasion? c. Are splices made IAW manufacture's recommendations? d. Do all eye splices in manila rope contain at least 3 full tucks and do all short splices contain at least 6 full tucks(3 on each side of the centerline of the splice)? e. Do all splices in layed synthetic fiber rope contain at least 4 full tucks and do short splices contain at least 8 full tucks (4 on each side of the centerline of the splice)? f. Do the tails of fiber rope splices extend at least 6 rope diameters (for rope 1" diameter or greater) past the last full tuck? g. Are all eye splices large enough to provide an included angle of not greater than 60* at the splice when the eye is placed over the load or support?			
11. Are the following conditions met for all slings:(15.E.01-06) a. Is protection provided between the sling and sharp surfaces? b. Do all rope slings have minimum clear length of 40 times the diameter of component ropes between each end fitting or eye splice? c. Do all braided slings have a minimum clear length of 40 times the diameter of component ropes between each end fitting or eye splice?			

	Yes	No	N/A
d. Do all welded alloy steel chain slings have affixed permanent identification stating size, grade, rated capacity and manufacturer? e. Is each synthetic web sling marked or coded to identify its manufacturer, rated capacities for each type hitch and the type material?			
12. Are drums, sheaves, and pulley smooth and free of surface defects? (15.F.01)			
13. Is the ratio of the diameter of the rigging and the drum, block sheave or pulley thread diameter such that the rigging will adjust without excessive wear, deformation, or damage? (15F.02)			
14. Have all damaged drums, sheaves and pulleys been removed from service? (15.F.04)			
15. Are all connections, fittings, fastenings, and attachments of good quality, proper size and strength, and installed IAW manufacturer's recommendations? (15.F.05)			
16. Are all shackles and hooks sized properly? (15.F.06 & .07)			
17. Are hoisting hooks rated at 10 tons or greater provided with safe handling means? (15.F.07)			
18. Do all drums have sufficient rope capacity? (15.F.08)			
19. Is the drum end of the rope anchored by a clamp securely attached to the drum in a manner approved by the manufacturer? (15.F.08)			
20. Do grooved drums have the correct groove pitch for the diameter of the rope and is the groove depth correct? (15.F.08)			
21. Do the flanges on grooved drums project beyond the last layer of rope at a distance of either 2" or twice the diameter of the rope, whichever is greater? (15.F.08)			
22. Do the flanges on ungrooved drums project beyond the last layer of rope a distance of either 2.5" or twice the diameter of the rope, which ever is greater.			

	Yes	No	N/A
23. Are the sheaves compatible with the size of rope used and as specified by the manufacture? (15F.09)			
24. Are sheaves properly aligned, lubricated, and in good condition? (15.F.09)			
25. When rope is subject to riding or jumping off a sheave, are sheaves equipped with cablekeepers? 915.F.09)			
26. Are eye bolts loaded in the plane of the eye and at angles less than 45* to the horizontal? (15.F.10)			
27. Remarks: (Enter actions taken for "no" answers.)			
Contractor inspector signature			
Contractor QC/safety/project manager signature			

SAFETY CHECKLIST FOR MOTOR VEHICLES, TRAILERS AND TRUCKS

Contract # and title: owned or leased?	
Equipment name & number:	
Contractor:	Subcontractor:
Contractor inspector:	Date inspected:

	Yes	No	N/A
1. Are records of safety inspections of all vehicles available? (18.A.02)			
2. Are all vehicles to be operated between sunset and sunrise equipped with: (18.A.04) a. 2 headlights? b. taillights and brake lights? c. front and back turn signals? d. 3 emergency flares, reflective markers, or equivalent portable warning devices?			
3. Are vehicles, except trailers or semi-trailers having a gross weight of 5000 lbs or less, equipped with service brakes and manually operated parking brakes? (18.A.05)			
4. Are service brakes on trailers and semitrailers controlled from the driver's seat of the prime mover? (18A.06)			
5. Does the vehicle have: (18.A.06) a. a speedometer? b. a fuel gage? c. an audible warning device (horn)? d. a windshield & adequate windshield wiper? e. an operable defroster and defogging device? f. an adequate rearview mirror? g. a cab, cab shield, and other protection to protect the driver from the elements and falling or shifting materials? h. non-slip surfaces on steps? I. a power-operated starting device?			

	Yes	No	N/A
6. Is all the glass safety glass and is all broken or cracked glass replace? (18.A.07)			
7. Do trailers meet the following: (18A.08) a. Are all towing devices adequate for the weight drawn? b. Are all towing devices properly mounted? c. Are locking devices or a double safety system provided on every 5th wheel mechanism and tow bar arrangement to prevent accidental separation? d. Are trailers coupled with safety chains or cables to the towing vehicle? e. Are trailers equipped with the power brakes equipped with a break-away device which will lock-up the brakes in the event the trailer separates from the towing vehicle?			
8. Are all dump trucks:(18.A.10) a. equipped with a holding device to prevent accidental lowering of the body? b. equipped with a hoist lever secured to prevent accidental starting or tipping? c. equipped with means to determine (from the operator's position) if the dump box is lowered? d. equipped with trip handles for tailgates that allow the operator to be clear?			
9. Are all buses, trucks and combination of vehicles with a carrying capacity of 1.5 tons or more, to be operated on public roads equipped with: (18.A.11) a. 3 reflective markers? b. 2 wheel chocks for each vehicle? c. at least one 2A:10B:C fire extinguisher? d. at least two properly rated fire extinguishers (for vehicles carrying flammable cargo)? e. a red flag not less than 1 foot square.			
10. Is vehicle exhaust controlled so as not to present a hazard to personnel? (18.A.13)			
11. Are all rubber tired motor vehicles equipped with fenders or with mud flaps if the vehicle is not designed for fenders? (18.A.14)			

	Yes	No	N/A
12. Are all vehicles, except buses, equipped with seat belts? (18.B.02)			
13. Does all self-propelled construction and industrial equipment have a working reverse signal alarm? (16.B.01)			
14. Are all hot surfaces of equipment, including exhaust pipes or other lines, guarded or insulated to prevent injury or fire? (16.B.03)			
15. If an off the road vehicle, is it equipped with rollover protective structures? (16.B.12)			
16. Remarks: (Enter actions taken for "no" answers)			
Contractor inspector signature			
Contractor QC/safety officer/project manager signature			

SAFETY CHECKLIST FOR CRAWLER TRACTORS AND DOZERS

Contract # and title:	
Equipment name & number: owned or leased?	
Contractor:	Subcontractor:
Contractor inspector:	Date inspected:

	Yes	No	N/A
1. Are initial and daily/shift inspection records available? (16.A.01& .02)			
2. Are only qualified operators assigned to operate mechanized equipment? (16.A.04)			
3. Are sufficient lights provided for night operations? (16.A.11)			
4. Is the unit shut down before refueling? (16.A.14)			
5. Does the unit have as a minimum a 5-B:C fire extinguisher? (16.A.26)			
6. Is there an effective, working reverse alarm? (16.B.01)			
7. Are moving parts, shafts, sprockets, belts, etc., guarded? (16.B.03 ,07, and 13)			
8. Is protections against hot surfaces, exhausts, etc., provided? (16.B.03 and .13)			
9. Are fuel tanks located in a manner to prevent spills or overflows from running onto engine exhaust or electrical equipment?			

	Yes	No	N/A
10. Are exhaust discharges directed so they do not endanger person of obstruct operator vision?(16.B.05)			
11. Are seat belts provided? (16B.08)			
12. Is protection (grills, canopies, screens) provided to shield operator from falling or flying objects? (16.B.10 and .11)			
13. Is roll over protection provided? (16.B.12)			
14. Remarks: (Enter actions taken for "no" answers)			
Contractor inspector signature			
Contractor QC/safety officer/project manager signature			

SAFETY CHECKLIST FOR SCRAPERS, MOTOR GRADERS, AND OTHER MOBILE EQUIPMENT

Contract # and title:	
Equipment name and number: owned or leased?	
Contractor:	Subcontractor:
Contractor inspector:	Date inspected:

	Yes	No	N/A
1. Are initial and daily/shift inspection records available? (16.A.01 & .02)			
2. Are only qualified operators assigned to operate equipment? (16.A.04)			
3. Are sufficient lights provided for night operations? (16.A.11)			
4. Does the unit have as a minimum a 5-B:C fire extinguisher? (16.A.26)			
5. Is there an effective working reverse alarm? (16.B.01)			
6. Is the unit shut down for refueling? (16.A.14)			
7. Are moving parts, shafts, sprockets, belts, etc., guarded? (16.B.03, .07 and .13)			
8. Is protection against hot surfaces, exhausts, etc., provided? (16.B.03 and .13)			
9. Are fuel tanks located in a manner to prevent spills or overflow from running onto engine exhaust or electrical equipment? (16.B.04)			
10. Are exhaust discharges directed so they do not endanger persons or obstruct operator vision? (16.B.05)			

	Yes	No	N/A
11. Are seat belts provided for each person required to ride on the equipment? (16.B.08)			
12. Is protection (grills, canopies, screens) provided to shield operators from falling or flying objects? (16.B.10 and .11)			
13. Is roll over protection provided? (16.B.12)			
14. Is a safe means of access to the cab provided (steps, grab bars, non-slip surfaces)? (16.B.03)			
15. Are adequate head and tail lights provided? (16.A.07)			
16. Have brakes been tested and found satisfactory? (16.A.07)			
17. Does the unit have an emergency brake which will automatically stop the equipment upon brake failure? Is this system manually operable from the drivers position? (16.A.07)			
18. Is all equipment with windshields equipped with powered wipers and defogging or defrosting system? (16.A.07)			
19. Are all vehicles which will be parked or moving slower than normal traffic on haul roads equipped with a yellow flashing light or flasher visible from all directions? (16.A.13)			
20. Is the slow moving emblem used on all vehicles which by design move at 25 MPH or less on public roads? (08A.04)			

	Yes	No	N/A
21. Have air tanks been tested and certified? (20.A.01)			
22. Is an air pressure gage in working condition installed on the unit? (20.A.12)			
23. Does the air tank have an accessible drain valve? (20.B.17)			
24. Remarks: (Enter action taken for all "no" answers)			
Contractor inspector signature			
Contractor QC/safety officer/project manager			

SAFETY CHECKLIST FOR MATERIAL HOISTS

Contract # and title:			
Equipment name & number:			
Contractor:	Subcontractor:		
Contract Inspector:	Date inspected:		
	Yes	No	N/A
1. Are all hoist towers, masts, guys or braces, counterweights, drive machinery supports, sheave supports, platforms, supporting structures, and accessories designed by a licensed engineer? (16.K.02)			
2. Is a copy of the hoist operating manual available? (16.K.04)			
3. Do all floors and platforms have slip-resistant surfaces? (16.K.08)			
4. Are landings and runways adequately barricaded and is overhead protection provided where needed? (16.K.08)			
5. Are hoisting ropes installed IAW manufacturer's instructions? (16.K.10)			
6. Are operating rules posted at the hoist operator's station? (16.K.14)			
7. Are air powered hoists connected to an air supply of sufficient capacity and pressure to safely operate the hoist? (16.K.15)			
8. Are pneumatic hoses secured by some positive means to prevent accidental disconnection? (16.K.15)			
9. Remarks: (Enter actions taken for all "no" answers.)			
Contractor inspector signature			
Contractor QC/safety officer/project manager signature			

SAD Form 1666g-R Mar 97 Previous editions may be used for contracts referencing the 1992 edition of EM 385-1-1.

SAFETY CHECKLIST FOR EARTH DRILLING EQUIPMENT

Contract # and title:	
Equipment name & number:	
Contractor:	Subcontractor:
Contractor inspector:	Date inspected:

	Yes	No	N/A
1. Is a copy of the manual for all drilling equipment available? (16.M.01)			
2. Have all overhead electrical hazards and potential ground hazards been identified in a site layout plan and addressed in an activity hazard analysis? (16.M.02)			
3. Are MSDSs for all drilling fluids available? (16.M.05)			
4. Does the drilling equipment have 2 easily accessible emergency shut down devices (one for the operator and one for the helper)? (16.M.06)			
5. Is the equipment posted with a warning of electrical hazards? (16.M.06)			
6. Is there a spotter or an electrical proximity warning device available to ensure safe distances from power lines are maintained? (16.M.06)			
7. Remarks: (Enter actions taken for "no" answers)			
Contractor inspector signature			
Contractor QC/safety officer/project manager			

Report of Safety Meeting _____

(INSTALLATION, FIELD OFFICE, JOB, ETC.)

Thru: Chief, Construction Branch
To: Chief, Safety Office

Contract Number/Contract Title

From:

Contractor:

Date: _____ Time: _____ No. Emp. Present _____

CE Represented By: _____

_____

_____

Conducted By: _____

Old Business: (Review report of last safety meeting. Follow up on action taken or anticipated to correct any safety deficiencies brought up at last meeting. Discuss any unfinished business.)

New Business: (Discuss any unsafe acts or conditions observed since last safety meeting and any accidents or injuries

Safety Presentation: (Safety talk or slide presentation on subject that is relevant to operation at hand.)

Date & Time of Next Meeting

_____ _____

(SIGNATURE & TITLE)

SAW Form 297
Revised June 98

WEEKLY CONSTRUCTION SAFETY CHECKLIST

CONTRACT NO. _____ _____ (DATE)

CONTRACTOR _____

It is not anticipated that this checklist will completely cover every aspect of the project nor does it in anyway diminish the contractor's requirements under EM 385-1-1. It is intended only as a guide for the typical operations conducted and covers only a portion of the applicable safety requirements.

Indicate answers by placing "X" in proper column	YES	NO	N/A
1. Is bulletin board installed and posted with necessary information as required in Contract Special Provisions?			
2. Is Accident Prevention Plan on-site with Safety Officer?			
3. Has hazard analysis and accident prevention preplanning been conducted for on-going and up-coming phases of work?			
4. Are minutes of pre-work conference on job site with Safety Officer?			
5. Is safety activity documented on all Daily Logs when work is performed?			
6. Does Corps' representative check and annotate first aid log monthly?			
7. Has an "Equipment Safety Checklist" been completed for each piece of equipment on the job site?			
SECTION I			
8. Are monthly supervisors' safety meetings conducted and documented?			
9. Are weekly "Tool Box" safety meetings conducted and documented on SAW Form 297?			

SAW FORM 515
Revised 5 October 1983

SECTION II			
10. Is first-aid log (SAW Form 315) maintained? (02.B.04)			
SECTION III			
11. Are latrines available?			
12. Is drinking water available?			
13. Are sanitary cups and waste receptacle provided?			
SECTION IV			
14. Is first-aid kit(s) on job site and adequate in size and contents?			
SECTION VI			
15. Are emergency phone numbers conspicuously posted?			
SECTION VII			
16. Are workers wearing proper clothing and personal protective equipment?			
SECTION X			
17. Are all required signs and barricades installed or located properly?			
SECTION XI			
18. Is housekeeping on-site satisfactory?			
SECTION XV			
19. Is temporary electrical wiring in safe working order with an operational ground fault interrupter?			
SECTION XXII			
20. Are required scaffolds and guardrails installed properly?			

SECTION XXXI			
21. Are floor openings properly covered or barricaded?			

I certify that I have personally conducted the Safety Checklist Inspection and that all information is accurately reflected.

PROJECT SAFETY OFFICER

Inspection Witnessed By:

CORPS' REPRESENTATIVE

PROMPT PAYMENT CERTIFICATION AND SUPPORTING DATA FOR CONTRACTOR PAYMENT INVOICE

(1) Contract No.	(2) Description and Location of Work	(3) Est. No. (4) Dated

(5) Contractor Official (name and address) to whom payment is to be sent:	(6) Discount Terms

(7) If notice of Assignment has been filed, enter name of Assignee to whom payment is to be sent:	(8) Name, Title, phone number and mailing address of person to be notified in event of a defective invoice:

(9) Subcontractor Name	(10) Total Amount Subcontracted	(11) Previous Subcontractor Payments (Excluding Deductions)	(12) Subcontractor Amount Included In this Payment Est: (Excluding Deductions)	(13) Subcontractor Earnings Deducted by Cont. (Total To Date)

**A written notice of any withholding shall be issued to a subcontractor (with a copy to the Contracting Officer) of any such notice issued by the Contractor, specifying (1) the amount to be withheld, (2) the specific causes for the withholding under the terms of the subcontract, and (3) the remedial actions to be taken by the subcontractor in order to receive payment of the amounts withheld. Attach copy of notification to pay estimate. Reference FAR 52.232-27(g).

I hereby certify, to the best of my knowledge and belief, that:

(1) The amounts requested are only for performance in accordance with the specifications, terms and conditions of the contract;

(2) Payments to subcontractors and suppliers have been made from previous payments received under the contract, and timely payments will be made from the proceeds of the payment covered by this certification, in accordance with subcontract agreements and the requirements of Chapter 39 of Title 31, United States Code; and

(3) This request for progress payments does not include any amounts which the prime contractor intends to withhold or retain from a subcontractor or supplier in accordance with the terms and conditions of the subcontract.

_____
Signature

_____
Date

Typed Name
(Title)

SAW 610
Dec 93

CORPS OF ENGINEERS
FIRST AID CASE HISTORY REPORT

1. PROJECT		CONTRACT NO:
2. LOCATION		DATE:
3. DESIGNATION OF FIRST AID STATION OR INFIRMIRMARY	4. ATTENDANT	

5. DATE	6. TIME		7. NAME OF EMPLOYEE	9. EMPLOYEE'S OCCUPATION	10. SUPERVISOR'S NAME	11. NATURE OF INJURY	12. DESCRIPTION OF ACCIDENT	13. DISPOSITION	14. TIME LOST	
	ARRIVED	LEFT							YES	NO

SAW Form 618
August 94

Contractor Monthly Exposure Man-hour Report	Contractor: _____ Contractor No.: _____ Month: Year:
TO: US Army Engineer District **Attn.: Safety Office** **PO Box 1890** **Wilmington, NC 28402-1890**	**FAX No. (910) 251-4583**

Instructions to Contractors: On a monthly basis the prime contractor must report to the district Safety Office the total man-hours worked on a contract. The total should include hourly wage workers, supervisory, and salaried personnel. Similar totals should also be indicated for subcontractor personnel. This report is in addition to other labor reports required under the contract. Report to Safety Office is due on the **Fifth** workday of the following month.
(REF: EM385-1-1(3 Sep 96), para. 01.D.04, d.)

CONTRACTOR NAME	MAN-HOURS

SAW Form 648
August 1998

SAFETY CHECKLIST FOR DREDGE DISPOSAL SITE SHELTERS			
Contract Number and Title:			
Contractor:	Subcontractor:		
	Yes	No	NA
1. Is approved drinking water provided (02.A.01)?			
2. Does drinking water dispenser ensure sanitary conditions (02.A.04)?			
3. Are toilet facilites provided (02.B)?			
4. Are disposal area watchmen certified in first aid and CPR (03.A.02)?			
5. Is a 16-unit first aid kit provided (03.A.03)?			
6. Is the shelter anchored (04.A.03)?			
7. Is proper personal protective equipment onsite: a. Proper footwear (05.A.08.b)? b. Eye and face protection for welding and grinding (05.B)? c. Head protection (05.D)? d. Personal fall protection system (05.F)? e. Personal floatation devices (05.I)?			
8. Are calibrated testing devices provided to measure hazardous substances, agents, and environments (06A.03)? a. Carbon monoxide monitoring system when combustion heating is used (06A.03, 09.D). b. Thermometer and anemometer for measuring air temperature and windspeed (06.J.11).			

SAFETY CHECKLIST FOR DREDGE DISPOSAL SITE SHELTERS			
	Yes	No	NA
9. Are employees trained in performing testing and monitoring procedures (06.A.03)?			
10. Is adequate lighting provided (07.A.01)?			
11. Are adequate fire extingushers (40-B:C) provided (9)?			
12. Electrical: a. Are flexible cords hard usage or extra-hard usage (11.A.03)? b. Are cords frayed, patched, oil-soaked or worn (11.A.03.d)? c. Are receptable equipped with GFCI (11.C.05)? d. Do systems and devices have proper polarity, ground continuity, and ground resistance (11.D.02.a)? e. When battery charging operations are performed, are facilities provided for quick drenching of eyes and body (11.F.03.c) ?			
13. Remarks: (Enter Actions taken for No Answers.)			

STATEMENT AND ACKNOWLEDGMENT

FORM APPROVED OMB NO. 9000–0014

PART I – STATEMENT OF PRIME CONTRACTOR

1. PRIME CONTRACT NO.	2. DATE SUBCONTRACT AWARDED	3. SUBCONTRACT NUMBER

4. PRIME CONTRACTOR (Name, address and ZIP code)	5. SUBCONTRACTOR (Name, address and ZIP code)

6. The prime contractor states that under the contract shown in Item 1, a subcontract was awarded on date shown in Item 2 by (Name of Awarding Firm) _____

to the subcontractor identified in Item 5, for the following work:

7. PROJECT	8. LOCATION

9. NAME AND TITLE OF PERSON SIGNING	10. BY (Signature)	11. DATE SIGNED

PART II – ACKNOWLEDGMENT OF SUBCONTRACTOR

12. The subcontractor acknowledges that the following clauses of the contract shown in Item 1 are included in this subcontract:

Contract Work Hours and Safety Standards Act – Overtime Compensation – Construction	Davis–Bacon Act
	Apprentices and Trainees
Payrolls and Basic Records	Compliance with Copeland Regulations
Withholding of Funds	Subcontracts
Disputes Concerning Labor Standards	Contract Termination–Debarment
	Certification of Eligibility

13. NAME(S) OF ANY INTERMEDIATE SUBCONTRACTORS, IF ANY

14. NAME AND TITLE OF PERSON SIGNING	15. BY (Signature)	16. DATE SIGNED

*U.S. Government Printing Office: 1991 — 302-201/49261

REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND RATE

CHECK APPROPRIATE BOX
☐ SERVICE CONTRACT
☐ CONSTRUCTION CONTRACT

FORM APPROVED OMB NUMBER
9000–0089

NOTE: THE CONTRACTOR SHALL COMPLETE ITEMS 3 THROUGH 16 AND SUBMIT THE REQUEST, IN QUADRUPLICATE, TO THE CONTRACTING OFFICER

1. **TO:** ADMINISTRATOR, Employment Standards Administration
WAGE AND HOUR DIVISION
U.S. DEPARTMENT OF LABOR
WASHINGTON, D.C. 20210

2. **FROM:** (REPORTING OFFICE)

3. CONTRACTOR

4. DATE OF REQUEST

5. CONTRACT NUMBER	6. DATE BID OPENED (SEALED BIDDING)	7. DATE OF AWARD	8. DATE CONTRACT WORK STARTED	9. DATE OPTION EXERCISED (IF APPLICABLE) (SCA ONLY)

10. SUBCONTRACTOR (IF ANY)

11. PROJECT AND DESCRIPTION OF WORK (ATTACH ADDITIONAL SHEET IF NEEDED)

12. LOCATION (CITY, COUNTY AND STATE)

13. IN ORDER TO COMPLETE THE WORK PROVIDED FOR UNDER THE ABOVE CONTRACT, IT IS NECESSARY TO ESTABLISH THE FOLLOWING RATE(S) FOR THE INDICATED CLASSIFICATION(S) NOT INCLUDED IN THE DEPARTMENT OF LABOR DETERMINATION

NUMBER: _____ DATED: _____

a. LIST IN ORDER: PROPOSED CLASSIFICATION TITLE(S); JOB DESCRIPTION(S); DUTIES; AND RATIONALE FOR PROPOSED CLASSIFICATIONS (SCA ONLY) (Use reverse or attach additional sheets, if necessary)	b. WAGE RATE(S)	c. FRINGE BENEFITS PAYMENTS

14. SIGNATURE AND TITLE OF SUBCONTRACTOR REPRESENTATIVE (IF ANY)	15. SIGNATURE AND TITLE OF PRIME CONTRACTOR REPRESENTATIVE	
16. SIGNATURE OF EMPLOYEE OR REPRESENTATIVE	TITLE	CHECK APPROPRIATE BOX–REFERENCING BLOCK 13. ☐ AGREE ☐ DISAGREE

TO BE COMPLETED BY CONTRACTING OFFICER (CHECK AS APPROPRIATE - SEE FAR 22.1019 (SCA) OR FAR 22.406-3 (DBA))

☐ THE INTERESTED PARTIES AGREE AND THE CONTRACTING OFFICER RECOMMENDS APPROVAL BY THE WAGE AND HOUR DIVISION. AVAILABLE INFORMATION AND RECOMMENDATIONS ARE ATTACHED.

☐ THE INTERESTED PARTIES CANNOT AGREE ON THE PROPOSED CLASSIFICATION AND WAGE RATE. A DETERMINATION OF THE QUESTION BY THE WAGE AND HOUR DIVISION IS THEREFORE REQUESTED. AVAILABLE INFORMATION AND RECOMMENDATIONS ARE ATTACHED.

(Send copies 1, 2, and 3 to Department of Labor)

SIGNATURE OF CONTRACTING OFFICER OR REPRESENTATIVE	TITLE AND COMMERCIAL TELEPHONE NO.	DATE SUBMITTED

DEPARTMENT OF THE ARMY
WILMINGTON DISTRICT, CORPS OF ENGINEERS
P.O. BOX 1890
WILMINGTON, NORTH CAROLINA 28402-1890

IN REPLY REFER TO
CESAW-RM-F

17 August 1998

MEMORANDUM FOR Wilmington District Vendors

SUBJECT: Availability of Electronic Funds Transfer in Vendor Pay

1. Electronic funds transfer (EFT) is now being offered by the US Army Corps of Engineer (USACE) Finance Center. Public Law 104-134 requires the use of EFT for all Federal payments, with exception of tax refunds, starting 2 January 1999. Waivers from this requirement will be available at the recipient's choice, and check payment will not be delayed.

2. Although EFT data is now being obtained through the Central Contractor Registration (CCR), the interface between the CCR and the US Army Corps of Engineer payment system is not currently available. Therefore, the US Army Corps of Engineer Finance Center is now offering EFT payments directly to vendors.

3. Vendors are encouraged to enroll in the EFT program at this time by completing the enclosed UFC-DISB-4 (Direct Deposit Authorization Form). Once EFT is established, payments will be directly deposited into your checking or savings account avoiding mail delays and a six week delay for replacement of lost checks. Instructions on completing and mailing the form are enclosed. Please make a copy for your records and for your bank.

4. Please disregard this letter if you receive payment by credit card or a method other than U.S. Treasury check.

5. Please contact Marjorie Ahlquist at 910-251-4474 if you have any questions or require further assistance.

Louis R. Smith, III
Chief, Resource Management

EFT IS HERE!!!
NOTICE TO ALL VENDORS

If you are interested in payment via EFT, complete the attached Direct Deposit Authorization Form and return. If you are unsure of routing or account numbers, consult with your financial institution to fill out the bottom portion of the form.

MAIL COMPLETED FORM TO:

USACE FINANCE CENTER
ATTN EFT/DISBURSING
5720 INTEGRITY DRIVE
MILLINGTON TN 38054-5005

MARK FRONT OF ENVELOPE "DO NOT OPEN IN MAILROOM"

Listed below are instructions for completing form UFC-DISB-4.

1. **Vendors should indicate if this is an add as a new Direct Deposit to be set up or a change or cancellation.**
2. **Not applicable**
3. **Include the Name or Company as it appears on the invoice. If the contract was written to Bill and Betty Smith, the bill and Direct Deposit form should include both names not Bill Smith.**
4. **This address should be the physical address of the business.**
5. **The city and state that match the physical address.**
6. **The mailing address should include any and all Remit to/payment addresses that are different from the physical address. (If more space is needed, include an attachment page with all addresses listed). This is VERY IMPORTANT since we load the routing and bank account numbers on each payment address.**
7. **Include daytime phone number in case there are questions concerning the competed form.**
8. **Check if the depositor account number furnished is a checking account.**
9. **Check if the depositor account number furnished is a savings account.**
10. **Include financial institution account number, one number in each slot. This number can be found on the front of the check.**
11. **The full name of the financial institution for the account.**
12. **Physical address of the financial institution.**
13. **City and state, including zip code.**
14. **The routing number for the financial institution. It is located on the face of the check. This is always a nine digit NUMBER. Enter one number in each space.**
15. **Depositor account title is the name registered with the bank on the bank account.**
16. **For businesses include the IRS tax ID number. For an individual use the social security number.**
17. **Businesses should have a signature of an officer of the company. Individuals should sign. If the Direct Deposit form/contract is written in the name of Bill and Betty Smith, both individuals should sign.**
18. **Date of the authorization.**

Point of contact for questions is Marjorie Ahlquist, commercial 910-251-4474, .
Internet address: Marjorie.A.Ahlquist@saw02.usace.army.mil

DIRECT DEPOSIT AUTHORIZATION FORM - EROC (2) K7

I hereby authorized U.S. Army Corps of Engineers, hereinafter called USACE, to initiate direct deposit credit entries to my (our) account indicated below and the financial institution name below, hereinafter called DEPOSITORY, to credit the same to such account. This authority is to remain in full force and effect until USACE has received written notification from me (or either of us) of its termination in such time and in such manner as to afford USACE and DEPOSITORY a reasonable opportunity to act on it.

(1) ( )ADD - Deposit my payment to the account shown ( ) CHANGE financial information ( ) CANCEL my participation in E.F.T.

PLEASE PRINT

Name of Company or Individual (EXACTLY AS SHOWN ON CONTRACT OR BILLING INVOICE) *** DO NOT USE COMMAS OR PERIODS***

(3)

Address (ACTUAL PHYSICAL LOCATION) Post Office Box Number (If any)

(4) (6a)

City: State : 9 digit Zip Code :

(5)

Mailing Address (If Different)

(6b)

DAYTIME PHONE: AREA CODE + NUMBER CONTRACT NUMBER (OPTIONAL *** IF MORE THAN ONE, PLEASE LIST ON SEPARATE SHEET OF PAPER AND ATTACH TO FORM)

(7)

PLEASE ASK YOUR FINANCIAL INSTITUTION FOR YOUR EXACT DEPOSITOR ACCOUNT NUMBER AND FINANCIAL INSTITUTION ROUTING NUMBER

(SOME BANKS REQUIRE DASHES OR OTHER SYMBOLS IN THEIR ACCOUNT NUMBERS)

TYPE OF DEPOSITOR ACCOUNT (Mark One) ☐ (8) Checking ☐ (9) Savings

DEPOSITOR ACCOUNT NUMBER (10)

Name of Financial Institution

(11)

Address of Bank (ACTUAL PHYSICAL LOCATION) Post Office Box Number

(12)

City: State : 9 digit Zip Code :

(13)

THE FINANCIAL INSTITUTION ROUTING NUMBER IS NINE NUMERIC DIGITS LONG AND CONTAINS NO DASHES

BANK ROUTING NUMBER (14)

DEPOSITOR ACCOUNT TITLE (15)

CONTRACTOR TAX IDENTIFICATION NUMBER (TIN) FOR BUSINESS: (16)

Signature: (17)_____ Date: (18)____/____/_____

FORM: UFC-DISB-4 (revised)